Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cluain Farm
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	14 November 2024
Centre ID:	OSV-0005455
Fieldwork ID:	MON-0039863

About the designated centre

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

Cluain Farm provides full time residential care and support to seven male and female adults. The designated centre is a large rural two storey house, divided into two separate houses and four studio apartments. Residents living at the centre have access to communal facilities such as sitting rooms, kitchen/dining rooms, and spacious grounds. Each resident has their own bedroom which are decorated to their individual style and preference. The centre is located in a rural area, and has three vehicles to support access to the local community. Residents are supported by a staff team on a 24/7 basis with sufficient numbers and skills mix to meet the residents assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 14 November 2024	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

There were seven residents living in the centre on the day of the inspection, and the inspector met all of them during the course of the inspection, although some residents chose to limit their interactions, or not to engage with the inspector.

The inspector conducted a 'walk around' of the centre, and on arrival at the first house, found one of the residents enjoying watching a tv programme. They told the inspector the name of the programme, and returned to their viewing, obviously comfortable and content. Another resident was going about their daily routine and showed no interest in interacting with the inspector, and the third made gestures that the staff members immediate interpreted as their indication that they did not wish to be disturbed. It was evident that staff understood the non-verbal communication of residents, and that they respected their choices. A little later during the visit, the inspector heard one of the residents happily singing away to themselves in their own room.

The premises were appropriate to meet the needs of residents, and had been personalised in various ways in accordance with their choices and interests. One resident had an interest in collecting rainwater, so this had been facilitated by the installation of an external water tank, and the water collected was then used for washing the cars. They also had their own garden water feature which they could turn on and off, with lights and a seat for viewing.

Where a resident had been observed to enjoy walking around the grounds over a specific route, this route had been paved to ensure ease of walking, and the safety of the route.

Another resident's hobby was woodwork, so an external structure had been made available for their sole use. The resident showed the inspector their shed when they returned from an activity. They had their own key to the shed, and were obviously proud of it. Their wood work was also displayed throughout their house.

One of the residents had a chat with the inspector, and spoke about the choices they were making for themselves, such as holidays, clothing, and meals and snacks. They took the inspector to visit their room which was beautifully decorated and furnished. The resident pointed out their jewellery stand and makeup, and various items relating to their hobbies, such as colouring books.

All of the residents' bedrooms were individually furnished and decorated, and each resident chose which items they wished to have in their rooms. One of them had a self-contained area including their bedroom, bathroom and office, which they invited

the inspector to visit.

One of the residents was having their person-centred planning meeting on the day of the inspection, and they told the inspector how it had gone. They explained their plans for starting a new hobby on horse grooming, and a forthcoming trip they had planned to the city. They said it would be ok if the inspector spoke to their parents, who were in the centre for the meeting. The resident's parents told the inspector that they were delighted with the service that their relative received in this designated centre, and praised the provider for resourcing the centre appropriately. They said that they used to worry, but that they now knew that their family member was safe and well supported.

They spoke about how supportive the staff were, and that everything was transparent, so that they were included in all aspects of their family member's daily life. They said that, whilst their family member returns to the family home every two or three weeks, they always refer to their return to the centre as going home, and this assured their parents that they were happy in their home.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and maintaining independence, and there was a good standard of care and support in this designated centre.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective. The person in charge was supported by a Deputy Service Manager.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

All documentation in relation to staff was in place, and both everyday and formal supervisions were effective.

Whilst all the required policies were in place, some improvements were required to ensure that they were all current and sufficiently detailed.

There was a clear and transparent complaints procedure available to residents and complaints were either resolved, or the rationale made available to residents.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

The inspector reviewed three staff files and found that they contained all the documents required under Schedule 2 of the regulations.

The inspector spoke to the team lead and three other staff members during the course of the inspection, and although the person in charge was not present in the centre, they made themselves available by video call throughout the day, and attended the feedback meeting at the close of the inspection, also by video call. The inspector found all staff members to be knowledgeable about the support needs of residents, and about their roles in offering care and support. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, managing behaviour that is challenging and infection prevention and control (IPC). Additional training specific to the needs of residents had also been provided to staff including training in the management of epilepsy and diabetes.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The person in charge had conducted additional supervision conversations following an incident of an unexpected fall.

The inspector viewed three of the records of supervision conversations, and saw that there was a review of any previously agreed actions, personal developments and responsibilities. Any recent incidents were discussed, and the records indicated that there was positive feedback given to staff in relation to their performance.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information

specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by a team lead.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place and an annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to residents.

There was a monthly schedule of audits which included audits of medication management, accidents and incidents and infection prevention and control. These audits included comments in support of the findings and were an effective oversight tool in the centre.

Regular staff team meetings were held, and the inspector reviewed the minutes of the last two of these meetings. Each meeting began with a review of any required actions identified in the previous meeting. The items for discussion included update on residents' goals, any safeguarding issues and any forthcoming events. It was evident that these were useful and meaningful meetings. While there was no sign in sheet for staff who were unable to attend the meeting to confirm that they had read the minutes, the team leader undertook to rectify this immediately.

Daily communication with staff was well managed via a verbal and written handover at the change of each shift. This handover sheet also included prompts for staff supports that were required in relation to the implementation of the care plans of residents, and these were signed off when completed.

Overall, staff were appropriately supervised, and there were effective oversight processes in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

Three had only been one recent complaint by a resident which could not be resolved as they preferred due to fire safety requirements, however a full explanation was given to the resident and their response was recorded. They understood the rationale and were satisfied with the response they received.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place in accordance with Schedule 5 of the regulations, however the policy relating to the management of visits was out of date, and had not been reviewed since the end of the COVID-19 pandemic.

Judgment: Substantially compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency, although improvements were required in the provision of firefighting equipment in one of the external structures.

There were risk management strategies in place, and each identified risk had a

detailed risk assessment and management plan. Medication was safely managed, with an emphasis on supporting the independence of residents.

Residents were safeguarded from any forms of abuse, and any safety issues in the home or out in the community were responded to swiftly and effectively.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans in the form of a list of items, any additional items purchased or acquired, and any items disposed of, so that it was clear that there was up-to-date information available.

Whilst the inspector did not review the individual finances of residents during this inspection, family members described to the inspector the way in which staff supported residents with their money, and spoke about the transparency and safeguarding of the processes in place.

Judgment: Compliant

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room, and one person having their own apartment. There were also various communal areas including living areas in each house, and newly refurbished kitchens. There was an activities room which was available for residents for arts and crafts, or for any chosen activities.

There were spacious outdoor garden areas for the use of residents, and one of the residents had an external cabin for their sole use. The garden was used by residents for relaxation in the summer months.

All areas of the designated centre had been well maintained, and it was evident that residents made use of all the communal areas of the house, and that each had their own preferred areas in which to spend time.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to mental health issues, independence in being alone in their apartment for one resident, specific medical conditions for others. There was a detailed management plan in place for each of the identified risks, and staff were familiar with their role in implementing the risk management plans.

There was a current risk management policy in place however, it did not include all the requirements of the regulations.

The inspector was assured that control measures were in place to mitigate any identified risks relating to individual residents in the designated centre, improvements were required in the risk management policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, including drills under night time circumstances. There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate and all staff had received training in fire safety.

Staff accurately described the ways in which to support each resident to evacuate in the eventuality of an emergency, in accordance with the information in the Personal evacuation plans and one of the residents who spoke to the inspector knew how to respond to an emergency.

However, the external structure which was being used by one of the resident's had not been included in the fire safety measures. Whilst the electric equipment in use by the resident had portable appliance testing (PAT) carried out and the structure was some distance from the main buildings, and detached from it, there was no fire extinguisher or fire alarm in this place.

Otherwise, the discussions with staff and residents and the documentation reviewed by the inspector in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely

manner in the event of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications. Staff had all received training in the safe administration of medication. Staff described their practice in the administration of medication, and were knowledgeable both about evidence based practice, and about the medications prescribed for each resident, including and 'as required' (PRN) medications.

There were detailed medication self-administration assessments in place for each resident which outlined clearly the steps each resident could take for themselves, and the supports that they required form staff.

There were detailed protocols in place in relation to PRN medications, which gave clear direction as to the circumstances under which they should be administered. The stock of these medications, and any other medications supplied in containers rather that blister packs was monitored. One of one of the medications was checked by the inspector and the stock total was found to be correct. Stock control of liquid medications was managed by weighing the bottles of medications so that an accurate educing stock total was maintained.

Any changes in prescriptions were clearly communicated to all staff members by being highlighted in the communications diary, a memo sent to all staff, and a specific type of sign being attached to the medication stock of the relevant resident.

It was clear that medication was well managed in a person-centred way.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on a detailed assessment of need which was reviewed at least annually. There were care plans in relation to various aspects of care and support, including healthcare needs, personal care, activities, and safety in the community. These care plans provided detailed guidance to staff as to how to support each resident.

There was section in each plan relating to communication, and one of these sections included photos of the resident using their own signs and gestures to support staff

understanding of their method of communication.

Goals had been set with each resident in relation to maximising their potential, and the inspector reviewed two of these goals. One related to the introduction of a new activity, and the other to increasing independence in money management and self-administration of medications. Steps towards achieving these goals were clearly outlined, and the required staff supports were identified.

Overall it was evident that residents were well supported in all aspects of their care and daily lives.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where there had been recent incidents in relation to safeguarding, both had been recorded and reported appropriately, and immediate action had been taken to mitigate any identified risks. The implementation of the required actions was observed by the inspector during the course of the inspection, so that it was clear that any concerns were responded to appropriately, and that the safety of residents was given high priority.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and in supporting decision making with residents, and they could talk with confidence about the was in which they were ensuring that the rights of residents were upheld.

Attention had been given to supporting residents in making their own decisions, and each care plan included a decision making profile, which outlined guidance for staff in supporting each person to have their voice heard.

There was a page in each resident's person plan entitled 'matching staff' which outlined the type of person the resident preferred to have supporting them, for example, 'someone who will chat about their hobby', or the preferred gender of the staff supporting them.

There was an emphasis on supporting the independence of residents, in daily living skills, in the availability of new opportunities, and in the supporting of responsibilities. For example, one of the residents had completed fire safety training, and was the 'fire monitor' and took some of the responsibility for the regular fire drills that were undertaken in the designated centre.

Overall it was clear that there was a high emphasis on supporting the rights of residents to make their own choices and to maintain and develop their independence.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cluain Farm OSV-0005455

Inspection ID: MON-0039863

Date of inspection: 14/11/2024

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 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Finding:
The policy relating to the management of visits was out of date, and had not been reviewed since the end of the COVID-19 pandemic.
Action: The Operations Director will review and update the Visitors Policy by 31/01/2025.
Finding:
The policy relating to records maintained in the centre did not contain any detail as to timeframes for the retention of documentation.
See feedback form.

Page 5 of the Records Management Policy states 'Retention schedules for all records processed by the organisation are detailed in the Records Retention and Disposal Schedule. The schedule is reviewed regularly and adjusted if necessary'. The Service Manager advised the inspector of this but they did not view on the day.

Finding:
There was no method to ensure that all staff had read the policies, such as a sign in sheet.
See feedback form.

Each policy has a declaration sheet attached which is signed by staff. There are 2 policy folders in the service and staff can sign in either one. The inspector viewed one of these folders on the day. To improve ease of access to both policies and declaration forms the service manager will take the following actions.
Action: The Service Manager/PIC will set up one folder for the whole service containing policy declaration forms signed by staff by 20/12/2024.
Action: Hard copies of policies will be removed from both houses and a laptop will be made available to staff to allow electronic access to these documents by 20/12/2024.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Finding:
The Risk Management Policy did not include all the requirements of the regulations including measures and actions in place to control
• the unexpected absence of any resident.
• accidental injury to residents, visitors or staff.
• aggression and violence
• self-harm
Action: Corporate Services Director will review the Risk Management Policy to ensure it meets all the requirements of the regulations by 31/01/2025

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Finding:
An external structure which was being used by one of the people supported had not been included in the fire safety measures.

Action: The service manager will request Health & Safety guidance from an external H&S consultant regarding requirements for fire safety precautions in sheds and action as appropriate by 31/12/2024.

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 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	31/01/2025
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents,	Substantially Compliant	Yellow	31/01/2025

	visitors or staff.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	31/01/2025
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/01/2025
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	31/01/2025

	referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			