

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Breaffy House
Centre ID:	OSV-0002389
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Caroline Vahey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 May 2017 08:55 To: 09 May 2017 19:10

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.

This was the fifth inspection of the designated centre the purpose of which was to monitor ongoing regulatory compliance. The centre had previously been inspected in April 2015. Eight outcomes were inspected against on this inspection.

Description of the centre.

The centre provided residential accommodation to both males and females and these services were delivered through fulltime residential and time share services. Respite care was also provided. The centre had produced a statement of purpose which outlined the aims of the centre were to provide a homely, safe and healthy environment where individuals are supported to be as independent as possible, to make choices in their lives and to feel at home and secure. The inspector found overall the centre met the aims as set out in the statement of purpose and residents were supported by a team committed to ensuring their needs were met and residents were safe.

How the inspector gathered evidence.

The inspector spoke with two residents during the inspection and with met with three staff members. The inspection was facilitated by the person in charge and by a service manager (person participating in management). Documentation such as personal plans, risk assessments, staff rosters, training records, an inspection report,

staff meetings and supervision records were also reviewed as part of this inspection.

Overall judgment of findings.

The centre was in compliance or substantial compliance in seven of the eight outcomes inspected against. Residents were provided with a good standard of care and support consistent with their needs, and residents had opportunities for meaningful experiences, as well as being supported to gain employment. The staff team demonstrated a commitment to provide a safe and secure home to residents, ensuring their wishes were respected in the provision of this care and support. Residents had access to the relevant professionals to ensure their needs were met and their rights were protected.

One moderate non compliance was identified in Outcome 7 and related to precautions for fire containment and for infection control and risk management.

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found residents were supported by a good standard of care and support in line with their assessed needs, and residents had opportunities to participate in meaningful activities as they so wished.

An assessment of each resident's health, social care and personal needs had been completed. Residents and relatives had been actively involved in the assessment process in order to identify their needs, choices and goals. Assessments had also been completed by the relevant multidisciplinary team members in order to identify needs and plan supports. Assessments of need were subject to review a minimum of annually.

Each resident had a personal plan and plans had been developed into an accessible format. Personal plans detailed the support and care to be provided in order to meet the assessed needs of residents and included areas such as health care plans, social care plans, communication plans and personal goal development plans. The inspector found arrangements were in place to ensure plans were implemented, and there was a monthly review of plans by each resident's keyworker, to assess the progress of plans. There were regular reviews of residents' needs by multidisciplinary team members and where changes were recommended, these were implemented in practice in the centre.

The inspector reviewed minutes of meetings in which residents' personal plans had been reviewed, and both residents and their family members had attended and contributed to these reviews.

Residents had been supported to develop personal goals such as getting a job or attending regular leisure events and plans outlined the steps to be taken to achieve

these goals. A record was maintained of the implementation of these interventions and overall the inspector found residents had been supported through this process to experience new opportunities. Residents were also supported to access a range of preferred activities both in the centre and in the community such as massage therapy, swimming, going to the cinema, and going out for a meal.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that while some measures were in place regarding health and safety, improvement was required in fire safety procedures, infection control precautions and risk management.

On the morning of inspection, the inspector identified the fire door to the laundry room was held open by laundry baskets, negating the function of the fire door in the event of a fire. Fire doors were fitted throughout the centre and where required, self closing devices were also fitted. Suitable fire detection and fire fighting equipment was also provided and all equipment had recently been serviced. All outstanding works regarding fire safety, identified during the last inspection, were found to be completed at the time of this inspection.

Fire exits were clearly marked and all exits were unobstructed on the day of inspection. An evacuation procedure specific to the centre was developed and staff were aware of the procedure to follow in the event of a fire. Residents had been assessed as to their support needs in the event an evacuation of the centre was required, and these support needs had been considered in evacuation procedures. Fire drills were completed at regular intervals throughout the year and had included a night time drill. Records identified drills were completed within a satisfactory timeframe and where an issue had arisen, the action outlined in response had been implemented. Staff had received training in fire safety.

The centre had three environmental inspections completed by the Health Service Executive however, the recommendations arising in relation to infection control from the second inspection had not been implemented. The centre was awaiting the third report on the day of this inspection. These recommendations included works to the kitchen and to one bathroom in the centre. In addition, the inspector found the kitchen was not of

sufficient size to accommodate the residents safely at mealtimes resulting in residents being seated next to food disposal containers at mealtimes. The person in charge had made arrangements to temporarily move these containers to the garden by the end of the inspection.

Procedures were developed in the event a resident went missing and the centre also had an emergency plan developed.

The centre maintained a risk register and risk management plans were developed specific to individual resident's needs and site specific risks. Risk management plans specified the level of the identified risks, and the control measures in place to mitigate these risks. Most risks were identified and managed appropriately however, the flooring in the staff room was not secure and posed a risk of injury. Arrangements were in place to report adverse incidents and to ensure measures were put in place to prevent reoccurrence of incidents. The inspector reviewed incidents in the centre as part of the findings relating to Outcome 8.

Staff had been provided with training in manual handling.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspector found measures were in place to protect residents and residents were provided with support to meet their emotional needs. Some improvement was required to ensure the use of an environmental restrictive practice was in accordance with the centre policy.

The provider had submitted notifications to the Health Information and Quality Authority in relation to safeguarding concerns in the centre and had also submitted plans initiated to protect residents. The inspector reviewed the measures in place in response to incidents in the centre, specified in these plans, and found the provider had taken all

measures within their remit to safeguard residents. There was continual review of safeguarding plans by the staff team and the broader multidisciplinary team. The inspector met with staff and discussed some of these measures however, staff confirmed a protocol developed to respond to potential safeguarding concern was not clear and staff were unsure of how some of the guidance was to be implemented. The person in charge amended the protocol by the end of the inspection and staff signed the protocol confirming they were clear on its implementation.

Plans were developed in consultation with a psychologist to support residents with their emotional wellbeing. These plans outlined proactive and reactive strategies, to support residents and were subject to regular review in accordance with changing needs. The support of an external advocacy service had been sourced to support a resident in ensuring their rights were protected.

There were some environmental restrictive practices in use in the centre and the inspector found these were proportionate to the risk identified in risk assessments. Risk assessments had been completed for the use of most of these restrictive practices. However, one practice had not been identified as restrictive and as such not applied in accordance with the centre policy on restrictive practices. The inspector acknowledged that staff were clear on the criteria for the use of this practice.

Intimate care plans were developed and were detailed, outlining the support residents required to meet their personal care needs while ensuring dignity and privacy was maintained.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found residents' health care needs were met and residents had timely access to the relevant healthcare professionals.

Residents' healthcare needs had been assessed and were informed by reviews completed by their general practitioner and by allied healthcare professionals such as a speech and language therapist, a physiotherapist, an occupational therapist and a dietician. Residents had timely access to these healthcare professionals as well as

professionals in the broader community such as a chiroprapist and general hospital services.

The requirement for nursing care formed part of a six monthly review completed by the person in charge and the person participating in management, and a recent review had identified the need for nursing input in the centre in response to changing needs of residents. The inspector acknowledged this had been identified within the previous number of days and the provider was to be informed of this emerging need.

Healthcare plans developed were detailed and guided the practice in the delivery of care. The inspector found these plans were implemented and there was ongoing monitoring, recording and reviewing of specified healthcare needs.

The food provided was varied and resident stated they were happy with the choice provided. Snacks were available should residents choose. The inspector observed a resident was provided with support with their meal in a sensitive manner and the food was prepared in accordance with the resident's nutritional plan.

The advice of a speech and language therapist and a dietician formed part of nutritional plans where required.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found residents were protected by the policies and procedures for medication management however, improvement was required to ensure refrigerated medications were securely stored.

The inspector found medications requiring refrigeration were stored in an unlocked medication fridge in an area generally not used by residents. All other medications were found to be securely stored in locked medication press.

The inspector reviewed a sample of medication prescription and administration records and found these were complete. Administration records confirmed medications had been administered as prescribed to the resident for whom they had been prescribed. PRN (as

required) medication prescriptions had the maximum dosage in 24 hours stated and these medications had been subject to recent review.

Suitable arrangements were in place for the disposal of medication, and the centre availed of the services of a clinical waste company.

Records were maintained of all medications received and medications leaving the centre. Weekly stock audits were completed and a monthly medication management audit was also completed.

There was a system in place for reporting and responding to adverse medication incidents in the centre, and a review of incidents formed part of the monthly staff meetings.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found the management systems in place had ensured residents were safe and their needs were met. Some improvement was required to ensure protected time for the person in charge was consistently facilitated.

Effective management systems were in place to ensure residents' needs were met and the provider had been responsive to safeguarding concerns identified in the centre. The inspector found all reasonable measures within the provider's remit had been taken to ensure residents were safe and there was ongoing monitoring of these measures to ensure they were adequate. The residents' needs were found to be met in accordance with their assessed needs and systems were implemented to ensure these needs and plans were regularly reviewed.

There was regular auditing completed in the centre including health and safety audits, medication management audits and fire safety checks. Six monthly unannounced visits

had been completed by the service manager on behalf of the provider and a review of the quality and safety of care and support had been completed. The inspector reviewed the report from unannounced visits in 2016 and found where issues were identified action plans were developed. Most actions were found to be completed by the day of inspection with the exception of the maintenance works required in the kitchen.

An annual review of the quality and safety of care and support had also been completed and had considered the views of residents, families and staff.

Staff meeting were facilitated on a monthly basis and a review of each resident's plan, as well as health and safety issues, medication errors, policies and procedures and safeguarding were discussed as part of this meeting.

The person in charge was employed in a full time capacity in the centre and worked alongside staff in the provision of care and support to residents. Staff stated they were supported by the person in charge and by the managers in the service. The person in charge was allocated approximately 40 hours protected time per four week cycle. However, on discussion with the person in charge, it was identified that this protected time could not be consistently facilitated.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found there were sufficient resources to meet the needs of the residents. A process was in place in the centre for ongoing review of the resources and skill mix required as part of a six monthly review by the person in charge and the person participating in management.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of

residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found there were sufficient staff to meet the assessed needs of residents. Improvement was required to ensure staff were provided with refresher training in safeguarding.

The provider had ensured the centre had sufficient staff with the right skills and qualifications to meet the needs of the residents. The centre was staffed by social care workers and as previously outlined, it had recently been identified that nursing input was required to meet the changing needs of residents. The inspector reviewed rosters which confirmed the number of staff on duty was in accordance with personal plans and plans developed to safeguard residents. While the required staffing levels had increased significantly over the past number of months, staff had been effectively deployed to ensure there was continuity of care and support. Regular relief and agency staff were employed to fill these new vacancies.

Planned and actual rosters were maintained.

Staff were observed to be kind and caring in their approach with residents and it was evident from discussion with staff they knew the residents needs and preferences well.

The inspector reviewed four records of staff training. Staff had been provided in training in safeguarding, manual handling, fire safety, medication management and the administration of emergency epilepsy medication. The inspector identified that these four staff had not been provided with refresher training in safeguarding. Additional training had also been provided to staff, for example, positive behaviour support and food hygiene.

Staff were supervised directly by the person in charge or by the person participating in management who both worked alongside staff on a day to day basis. Formal supervision of staff was facilitated by the person in charge at approximately six week intervals and the inspector reviewed records for two staff members. The supervision process was of good quality and provided an opportunity for the staff to raise issues as well as develop plans to review and improve practice.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Vahey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002389
Date of Inspection:	09 May 2017
Date of response:	06 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The flooring in the staff room was not secure and posed a risk of injury.

1. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Approval has been given for the replacement of the flooring , quotations has been requested for the purchase and fitting of new floor in staff room.

Proposed Timescale: 30/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The recommendation arising from an inspection by the Health Service Executive had not been implemented with regards to infection control precautions.

The arrangements for residents to be served food adjacent to food disposal containers was not satisfactory

2. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:

(a) New self closing bins have been purchased.

(b) Approval has been given for the refurbishment of the kitchen. Quotations have been requested for kitchen renovations to include the removal of some presses to provide additional space.

Proposed Timescale: 30/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The fire door to the laundry was held open with laundry baskets, negating the function of that door in the event of a fire.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

(a) All obstructions have been removed 10/5/17.

(b) PIC has circulated a memo stating that all fire doors should be kept clear from obstruction. All staff have read and signed memo. 17/5/17

(c) PIC will address this at next staff meeting to ensure all staff are compliant with fire regulations.

Proposed Timescale: 22/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An environmental restrictive practice had not been identified and as such not applied in accordance with the centre policy.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

All relevant documentation has been referred to Positive Approaches Monitoring Group in line with centres policy on restrictive practices.

Proposed Timescale: 22/05/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medications requiring refrigeration were not securely stored.

5. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:

A suitable lock has been sourced and fitted

Proposed Timescale: 24/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Protected time allocated to the person in charge was not consistently facilitated.

6. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:

The current roster will be reviewed to ensure the PIC protected time will be facilitated.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff had not been provided with refresher training in safeguarding.

7. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff have been scheduled for Safeguarding training in line with centres policy. All staff will have completed refresher training by 14/09/2017

Proposed Timescale: 14/09/2017