



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

Name of designated centre:	Breaffy House
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	24 April 2018
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0023727

About the designated centre

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

Breaffy house provides a full-time residential service to five male and female residents who are over 18 years of age and have a moderate intellectual disability and or physical disability. The centre is a large detached two storey house, on the outskirts of Dublin, close to amenities such as public transport, shops, restaurants, churches and banks. All five residents are provided with ground floor bedrooms and facilities. The house is well furnished and comfortable. There is a large garden to the front and rear of the centre.

Residents are supported by a staff team which included a social care leader and social care staff. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. The person in charge worked full time in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	30/09/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
24 April 2018	10:00hrs to 16:30hrs	Catherine Glynn	Lead

Views of people who use the service

Inspectors met with three residents who used this service. Residents who spoke with the inspectors, confirmed that they were happy with the service and care provided. They had good access to the local community and enjoyed living in the centre. Residents who were unable to speak with inspectors were observed to positive interactions with staff and staff were observed to treat all residents with respect and dignity throughout the inspection.

Capacity and capability

The providers' governance and management arrangements ensured that a good quality and safe service was provided for all residents living in the centre. There was a clear management structure in place and the person in charge worked in the centre full time. Staff working at the centre, including the person in charge were observed to be familiar with residents' care needs.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and annual reviews on the quality and safety of service were being completed. However, further improvement was required as the audit findings had failed to identify gaps in written agreements and policies. In addition the actions arising from the previous inspection had not all been addressed.

Suitable staffing arrangements were in place to ensure residents were supported with their needs. The provider had measures in place to ensure that staff were suitably trained in-line with the organisational policies. Staff had received training relevant to their work, and a training plan was in place to ensure that refreshers were provided as required.

Throughout the inspection, the inspector observed that staff prioritised supporting residents to take part in activities of their choice and in their local community. There was a planned and actual staff roster in place and staff were allocated according to assessed needs of residents. This also ensured that residents were able to

participate in activities of their choice.

Residents were protected from adverse risk at the centre. Effective measures were in place to review and evaluate risks, and for the recording and reviewing of adverse incidents and complaints. There had been a low level of incidents, and complaints and there had been no serious accidents involving residents.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. She was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge; these were updated to show any changes and were accurate at the time of inspection. Inspectors found that documentation required under Schedule 2 of the regulations had been obtained for all staff.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. A training schedule was in place and delivered as required. The provider had also completed a training needs analysis and had identified additional training for all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to residents who lived, or received shared care services.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all record required under the regulations were maintained.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was an up-to-date insurance policy in place for the centre, at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective governance, leadership and management arrangements in place; however, the providers checks and balances failed to identify areas of practice that required improvement. For example;

- issue's remained outstanding from the last inspection
- the recruitment policy did not have required information
- written agreements did not provide sufficient detail regarding charges
- the person in charge had not completed assessments regarding residents ability to self medicate in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements contained most of the information required by the regulations. However, it did not specify the fees required by each resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and outlined the requirements of the regulations. The management team also reviewed the statement of purpose which was being reviewed annually.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that the complaints procedure was in-line with the requirements of the regulations. The person in charge had ensured that a record of all complaints was maintained in the centre. Residents spoken with were informed and aware of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were available in the centre to guide staff and were up-to-date. However, improvement was required to the recruitment of staff. The policy in place did not clearly state the vetting procedures the provider would complete for all staff.

Judgment: Substantially compliant

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Quality and safety

The provider's practices had ensured that residents' well-being was promoted at all times and that they were safe. The inspector found residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Weekly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis during the inspection.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was clearly displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. The appropriate safeguarding policy was in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents'

personal plans were also available in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning identified the required supports to assist residents meet their goals.

Residents had access to medical and related health care services which ensured they received a good level of healthcare. All residents had access to a general practitioner and attended annual health care checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as dental and optical services, were arranged. Plans of care for good health were developed for residents which identified their specific care needs. The inspector found that protocols were in place for residents who had specific allergies, which was an improvement since the last inspection.

There were safe medication management processes in place to protect residents from the risk of medication errors. Suitable storage practices were in place and residents were provided with individualised storage facilities. In addition, adequate space was available to ensure that medications returned to pharmacy was stored separately. Each resident had a clear plan in place which guided staff on the administration of all medicinal products prescribed. Medication administration and recording systems provided sufficient detail to guide practice and reflected staff knowledge, as demonstrated to the inspector. Further improvement was required as the person in charge had not ensured that all residents had an assessment completed to identify if they were able to self medicate.

The provider had ensured that a policy and procedure was in place regarding management of infection control in the centre. Further improvement was required as the provider had failed to complete issues arising from the previous inspection.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose. The centre was comfortably furnished and decorated throughout, and was well maintained both internally and externally.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that residents were provided with all information required

by the regulations. In addition, this information was also available in accessible format where required.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. In addition, risk management procedures reflected staff practices and knowledge at the time of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to protect residents from the spread of infection. These included an up-to-date infection control policy. However, the provider had not completed all work as required, since the previous inspection. This included improvements to the kitchen facilities as identified in a HSE audit.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, and completion of fire evacuation drills. Staff and residents complete fire drills as scheduled and fire evacuation plans were in place for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in safe administration of medication. However, improvement was required as the person in

charge had not ensured that assessments were completed to assess residents' ability or preferences to self administer medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on their assessed needs. Annual personal planning meetings, which included the residents and or their representatives, were being held. Resident's personal goals were agreed at these meetings and were reviewed on a monthly basis. All personal plans were provided in an accessible format.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of allied health professionals. This included; general practitioners, speech and language therapists, physiotherapist and dental services. Records were maintained of all health appointments and direction that was provided for treatments or supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that positive behaviour supports and appropriate management of behaviours that challenge was in place. Behaviour support plans had been developed where required with input from a psychologist and a behaviour support specialist. These plans were being implemented and occurrences of incidents arising from behaviours that challenge had reduced significantly. All staff had attended training in relation to the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The provider had made improvements to behaviour management plans, safeguarding planning and staff safeguarding training. As a result, adequate arrangements were in place to ensure that all residents were protected from harm or abuse. All staff had received training in safeguarding and there was an up-to-date safeguarding policy to guide all staff.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected and promoted. All residents had their own bedrooms and had adequate storage for their personal belongings and valuables. Residents were treated in a manner that maximised their privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breaffy House OSV-0002389

Inspection ID: MON-0023727

Date of inspection: 24/04/2018

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 has 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The designated centre will continue to be resourced to ensure all residents support needs are met.• There is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability.• There are management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.• Annual reviews of the quality and safety of care and support are completed on a yearly basis and as part of this there is a consultation process with residents and their representatives.• A copy of the annual review is available to residents and is held in the centre.• Six monthly unannounced visits are completed in the centre. These reports are contained in the centre and are available for review.• A Quality Enhancement Plan (QEP) has been developed for the centre and this allows the PIC and Service Manager to monitor progress of actions needed to improve the quality and safety of service provision.• There is a documented plan in place which addresses the remaining action from the last inspection in relation to kitchen works required to be completed by 30/09/2018.	

<ul style="list-style-type: none"> • The organisation currently adopts the HSE Vetting Policy in line with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 and are fully compliant in this regard. • Charge amounts for residents are being revised in line with HSE requirements , and when this figure is provided to the designated centre, all Contracts of Care will be updated to include the charges in place. • An accessible Self Administration of Medication Assessment tool is currently being piloted in two areas in the organisation and will be implemented in all areas by 30/6/2018 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	
<ul style="list-style-type: none"> • Charge amounts for residents are being revised in line with HSE requirements , and when this figure is provided to the designated centre, all Contracts of Care will be updated to include the charges in place. 	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	
<ul style="list-style-type: none"> • The organisation currently adopts the HSE Vetting Policy in line with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, and are now fully compliant in this regard. • The registered provider has prepared and implemented policies and procedures on the matters set out in Schedule 5 of the regulations. All policies and procedures as appropriate are in line with and under pinned by HSE policies and procedures. • In March 2018, the registered provider reviewed all schedule 5 policies and procedures in place. The registered provider will ensure to continue to review all schedule 5 policies and procedures every 3 years and where necessary, these will be reviewed and updated in accordance with best practice. • All the policies and procedures referred to in schedule 5 are now available in the designated centre to all staff. 	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

- The organisation has an up-to-date infection control policy
- Staff have received training in infection control.
- There is a documented plan in place which addresses the remaining actions from the last inspection. The plan includes the required actions in relation to kitchen works required. |

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The Organisation has a policy & procedure in place for the Safe administration of Medication, which is underpinned by national policy.
- This policy guide practices relating to the management of medication including the ordering/ receipt/ prescribing/ storing/disposal and administration of medication is in line with best practice.
- The Organisation ensures that all staff receive training in the safe administration of medication.
- All residents in the designated centre have access to a pharmacist of their choice in the local community.
- There is a system of recording for each resident of prescribed and administered medication and these are kept in a secure location within the designated centre.
- All PRN guidelines in the designated centre prescribed on a resident's medication administration sheet (MAS) has been reviewed and is now supported by administration guidelines and signed by the relevant practitioner
- Risk assessments will be completed for all residents in relation to self administration of medication by the 22/06/2018.
- An accessible Self Administration of Medication Assessment tool is currently being piloted in two areas in the organisation and will be implemented in all areas by 30/06/2018 |

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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/06/2018
Regulation 27	The registered provider shall	Not Compliant	Yellow	30/09/2018

	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.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/05/2018
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/5/2018
Regulation 29				30/06/2018