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

Issued by the Chief Inspector

Name of designated centre:	Breaffy House
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0025151

About the designated centre

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

Breaffy house is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a residential service for up to seven adults with disabilities. However, due to bed sharing arrangements in place the centre can only provide a service to a maximum of six residents at any one time. The centre is a large detached two storey house which consisted of kitchen/dining room, two sitting rooms, six bedrooms, a staff sleepover room, an office and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 May 2021	10:30hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met with all residents in the centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

While the centre is registered to accommodate up to six residents at any time, seven residents use this service with some residents on a time-share basis. On the day of inspection, four residents were present in the centre.

Some residents, the inspector met with, were unable to provide verbal feedback on the service they received. Other residents the inspector met with could provide some feedback and others preferred to engage with the inspector on specific topics of interest to them.

Residents that did provide feedback told the inspector that they liked their home and the staff were nice to them and helpful.

One resident had recently moved into the centre while they were recovering from a medical procedure with the intention for them to transition back to their home when their recovery was over. However, they told the inspector they really liked living in this centre and would prefer to stay if they could.

The inspector spoke with the person in charge and senior manager with regards to this matter. They told the inspector that the resident was very happy living in the centre, got along very well with their peers and had expressed on numerous occasions that they would like to stay. There were plans to discuss this matter with the resident at a future date and to support them in making an informed decision with regards to where they wished to live.

The inspector observed residents during the course of their day relaxing in their home or preparing to go out on errands. During the course of the inspection staff noticed one of the resident's glasses were damaged. The inspector observed staff talk to the resident about getting their glasses mended and together they made a plan to go to the resident's optician.

The inspector observed the staff member and resident leave the centre to go on this errand and return later whereby the resident had received a new frame for their glasses which they were very happy about. This was evidence of supportive and responsive care and support for residents in this centre.

The centre comprises of a two storey detached house located centrally in a small town in North County Dublin. The centre is ideally located near all local amenities and within walking distance of shops, restaurants and public transport routes. To the rear of the centre is a large, secure garden patio area with seating and space for

outdoor dining.

Residents have their own personal bedrooms which are decorated to meet the individual personal preferences of each resident.

The house appeared clean, homely, warm and comfortable. Residents were also provided with a chill out room and a sitting room. The kitchen/dining area had recently been refurbished to a very good standard with modern kitchen units and appliances.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

There was some improvement required in relation to formalising safeguarding plans and identifying all restrictive practices in the centre. However, it was noted that these findings had minimal impact on the quality of care and support provided to residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements within the centre were ensuring a good quality service was delivered to residents. Good levels of compliance were found on this inspection and not compliant findings from the previous inspection had been addressed in full on this inspection.

The provider had ensured a complete and full application to renew had been submitted to the Chief Inspector in a timely manner. All required information for the purposes of renewing registration had been provided.

The person in charge had been appointed some months previous. They had previously worked in the centre in an operational management capacity prior to taking up the role of person in charge. They were very knowledgeable of the needs of residents and had worked with them for a number of years. They were responsible for this designated centre only. They were found to meet the regulatory requirements of regulation 14 with regards to management experience and qualifications.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place.

A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. Observations made throughout the inspection noted kind and helpful interactions between residents and staff.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, the person in charge and senior manager completed quality and governance reviews which focused on key quality indicators, management of risks and a review of incidents and restrictive practices in use in the centre, for example.

A regulatory finding from the previous inspection related to Governance and Management had been suitably addressed. The provider had undertaken to carry out a significant suite of refurbishment works in the kitchen area of the centre. This is further discussed in the quality and safety part of this report.

Staff training was provided in line with the needs of the residents. Training was provided in areas including fire safety, safeguarding vulnerable adults, management of behaviours that challenge, hand hygiene and infection control.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge within the time-frame as set out in the provider's supervision policy.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and had made positive changes to the staffing rosters and working schedules to better meet the support needs of residents.

The person in charge appointed to manage the centre was found to meet the

matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Overall, a stable and consistent staff team worked in the centre.

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents and aligned to the whole-time-equivalent numbers as set out in the statement of purpose.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

Most mandatory training for staff was found to be up to date with refresher training made available to staff with dates identified for the coming year.

The person in charge was also a manual handling instructor which supported staff to receive on-site supervision and training with regards to manual handling practice which was a feature and requirement for staff working with and supporting residents in this centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured up-to-date insurance was in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had undertaken to carry out a significant suite of refurbishment works to the kitchen of this centre. This addressed a regulatory finding from previous inspections.

The provider had created an annual report for the centre for 2020.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits on a monthly basis with the senior manager. These governance audits reviewed key quality and compliance indicators and provided an action plan for the person in charge to complete.

The provider had appointed a person in charge of the centre that met the regulatory requirements of regulation 14.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and noted it contained most of the matters as set out in Schedule 1 of the regulations.

Some small revisions were required to ensure the conditions of registration were clearly set out in the statement of purpose, additional information with regards to improved evacuation measures in the centre and further information with regards to assessing the compatibility of residents prior to admission to the centre.

These matters were addressed by the provider shortly after the inspection and therefore this regulation was found in compliance.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. Fire and smoke containment measures were in place, fire doors were fitted with smoke seals and located throughout the premises. Doors located in high risk areas had been fitted with automatic door closing devices with further plans to fit these devices to resident bedroom doors later in the year. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date.

Additional improvements had also occurred since the last inspection whereby a window in a bedroom had been changed to a patio door. This arrangement supported more effective evacuation of residents using that bedroom as they required additional mobility supports. Each resident had a personal evacuation procedure in place. Fire evacuation drills had been completed at appropriate intervals.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures. Where required, interim safeguarding plans were in place and had been created as part of the person in charge implementing National safeguarding policies and procedures. While this demonstrated good adherence to safeguarding procedures, some safeguarding plans remained at an interim stage and had not been formalised. This required some improvement.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

The inspector reviewed actions from the previous in relation to the premises. It was noted a significant suite of premises upgrade works had been completed in the kitchen area of the centre. Previous inspections of this centre had consistently identified infection control issues in the kitchen part of the centre. On this inspection, the inspector observed the whole kitchen/dining area had been upgraded and refurbished. All kitchen units had been replaced with modern units, a new fridge/freezer had been installed, new counter tops, flooring and tiling. Residents and staff spoken with told the inspector that the new kitchen had brought about very positive outcomes for residents and was now a pleasant area for residents to use.

Residents were supported to achieve their best possible health. Healthcare support plans were in place and provided evidence of review and recommendations by allied health professionals involved in residents' care. Residents were also supported to avail of National health screening services based on their age and gender. Residents

were also supported to avail of bone density screening, speech and language swallow assessments and dietary recommendations.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Positive behaviour support plans in place were detailed, comprehensive, developed by an appropriately qualified person and up-to-date.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and ongoing review. It was noted, one restrictive practice that included the use of a helmet, to manage a personal risk, had not been identified as such and therefore had not been reviewed through the provider's Human rights oversight committee. This required improvement.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing PPE correctly during the course of the inspection. Centre specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

Personal protective equipment (PPE) was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified.

The inspector reviewed an action from the previous inspection in relation to medication management. It was noted all creams stored in the centre had a documented open and use by date.

Regulation 17: Premises

Throughout the premises was maintained to a good standard with a high standard of cleanliness noted throughout.

The provider had undertaken a large refurbishment suite of works in the kitchen/dining area of the centre which included:

- New, modern style kitchen units,
- New counter tops.
- A new integrated fridge/freezer.
- New durable flooring.
- Tiling and dry wall to prevent the build up of mould.
- Improved waste storage in the kitchen area.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had received training in relation to infection prevention and control and hand hygiene.

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety systems and procedures were in place.

Fire doors were present in the centre and fitted with smoke seals. Fire safety equipment had been serviced regularly with fire servicing checks and records maintained in the centre.

Residents had engaged in fire safety drills and personal evacuation plans were documented for each resident.

In addition, the provider had enhance fire evacuation procedures in the centre by replacing a window in one of the bedrooms with a patio door to support residents, that required additional mobility supports, to evacuate more effectively.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

An action from the previous inspection in relation to labelling open and use by dates for medicinal creams had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed and updated as required.

Residents needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Residents were supported to identify and achieve personal goals within the context of COVID-19. For example, one resident had been supported to achieve an online QQI qualification with the support of staff.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

Healthcare plans were reviewed regularly and updated to reflect recommendations made by allied health professionals.

Residents were supported to attend medical out patient appointments. Staff were trained in the management of residents' specific healthcare conditions.

Residents' personal plans provided evidence of National health screening appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

Overall, there were a low number of restrictive practices in place in the centre. Where such practices were implemented they were to manage a specific personal risk and had been regularly reviewed by the provider's positive approaches management committee.

However, the use of a helmet to manage a personal risk, had not been identified as a potential restrictive practice and therefore had not been reviewed by the provider's human rights oversight committee. This required improvement.

Judgment: Substantially compliant

Regulation 8: Protection

All staff working in the centre had received training in safeguarding vulnerable adults with refresher training provided.

There was evidence of the person in charge adhering to National safeguarding vulnerable adults policies and reporting procedures. Safeguarding plans were in place as required.

Safeguarding plans were in place where required, however, it was noted, some plans were at an interim stage despite being in place for a period of time. This required improvement.

Judgment: Substantially 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Breaffy House OSV-0002389

Inspection ID: MON-0025151

Date of inspection: 12/05/2021

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 7: Positive behavioural support</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• The Person In Charge will complete a referral to Positive Approaches Management Group Committee in relation to the use of a protective helmet to manage a personal risk, documenting its use, team involved in assessment and supporting documentation.</td></tr>
<tr><td>Regulation 8: Protection</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 8: Protection:
• The Person In Charge will ensure a copy of completed Preliminary Screening Outcome Sheet (PSF2) or follow up safeguarding documentation is located in the designated centre within the outlined timeframe.</td></tr>
</table>

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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/06/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/06/2021