



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

Name of designated centre:	Breakfree Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	22 November 2018
Centre ID:	OSV-0002031
Fieldwork ID:	MON-0025569

## About the designated centre

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

Breakfree Lodge is a centre operated by Enable Ireland Disability Services Limited. The centre comprises of one bungalow located on the outskirts of a town in Co. Clare. The centre provides residential and respite care for up to four male and female adults, who present with a primary physical disability and with low, medium and high level of care needs. Staff are on duty both day and night to support residents who avail of this service.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## 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
22 November 2018	09:15hrs to 14:00hrs	Anne Marie Byrne	Lead

## Views of people who use the service

On the morning of the inspection, the inspector met with two residents who were using this service. Both residents communicated directly with the inspector about the care and support they receive.

Residents told the inspector of how they were supported to attend day services and to regularly access the wider community. One resident spoke of how they enjoyed spending time alone in the centre and of the measures put in place by the provider to ensure their safety was maintained at those times. Another resident told the inspector of how they were supported to assist in the broadcasting of a local radio show and that they were very happy with the staff support that was available to them. Prior to the inspection, refurbishments had been completed in some rooms in the centre and both residents spoke of their involvement in this process and said they were very happy with the outcome.

The inspector also spoke to the person in charge and staff working in the centre about the care and support other residents who use this service receive in areas such as healthcare, social care, behaviour support and food and nutrition.

## Capacity and capability

The inspector found that since the last inspection, the provider had completed the actions required arising from the last inspection in February 2017.

The person in charge was appointed to her role in 2009 and was found to meet the requirements of the regulations and had a good knowledge of residents' needs, the needs of the service and of her regulatory responsibilities. She had responsibility for another service operated by the provider and told the inspector that the current governance arrangements within the organisation supported her to have the capacity to fulfil their role as person in charge for this centre. She was also supported by a person participating in management in the management of the centre and they met on a regular basis to discuss operational issues, which had a positive impact on the oversight of this service.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. In response to the recent changing needs of some residents, the provider increased staffing arrangements to ensure these residents received the staff support they required. Staff attended regular meetings which facilitated them to discuss and raise concerns with the person in charge about the care received by residents. Effective training

arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Rosters were found to be well-maintained and demonstrated the start and finish times worked by staff in the centre.

The registered provider had ensured the centre was resourced to ensure the effective delivery of care and support to residents. There was a clearly defined management structure in place which identified the lines of authority and accountability in this centre. The provider had effective monitoring systems in place, ensuring the annual review and six monthly provider-led visits were recently completed. At the time of this inspection, the provider was in the process of finalising action plans to address the areas which were identified as requiring improvement within both audits. A system was also in place for the reporting of incidents and the person in charge had ensured all incidents were reported to the Chief Inspector as required by the regulations.

Although there was a statement of purpose in place which was regularly reviewed, it did not adequately describe the services delivered as required by Schedule 1 of the regulations. The directory of residents also required review to ensure it included the date on which residents first came to reside in the designated centre in line with the requirements of Schedule 3 of the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14. She was found to have the capacity to fulfil her role as person in charge for this centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service. Staff were found to be supported in their roles and had a strong knowledge of residents' needs. A planned and actual roster was in place which identified the staff on duty to support residents both day and night.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents did not include the date on which residents first came to reside in the designated centre in line with the requirements of Schedule 3 of the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had ensured that the service was regularly monitored and reviewed. Annual reviews and six monthly provider-led visits were occurring in the line with the requirements of the regulations. Clear lines of authority and accountability were also in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was statement of purpose in place which was regularly reviewed and accessible to residents and staff. However, it did not accurately describe the services delivered as required by Schedule 1 of the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

## Quality and safety

Resident enjoyed a good quality of life in this centre and they had access to the transport arrangements and the staff support they required to take part in activities of interest to them. Residents were consulted daily on how they wished to spend their time and staff were very knowledgeable of each resident's interests and preferences for their daily routine. Although no residents were participating in education or employment at the time of this inspection, the provider had systems in place to support residents who may wish to do so.

The centre comprised of one bungalow, where residents had access to their own bedroom, spacious communal areas, a shared bathroom and large garden area. Residents who were wheelchair users had adequate space to freely access each room of the centre. The provider had made arrangements for the installation of specific manual handling equipment in the bedrooms of residents who required it. Following recent refurbishments of the centre, the person in charge also told the inspector that plans were in place to refurbish other areas of the centre in the coming months. Residents' bedroom were found to be personalised with items of interest to them and they had adequate storage to ensure their personal items were securely maintained.

Residents who presented with specific healthcare needs received regular reviews. Staff, who spoke with the inspector, were very knowledgeable of how they were required to support these residents. A nursing support arrangement was also in place and staff had access to this support for the review and management the healthcare needs of residents. However, some improvements were required to ensure the risk assessments and personal plans in place for residents, with assessed healthcare needs, adequately guided staff on the specific support they were required to give to these residents. Residents had access to a large kitchen area and were supported to assist staff in the preparation of meals, if they wished to do so. Although staff spoke confidently with the inspector about the dietary requirements of some residents, improvements were required to the documentation available guide staff in the preparation of meals for residents with these requirements.

Staff who spoke with the inspector were found to be knowledgeable of how they were required to support residents requiring behaviour support. There were some restrictive practices in place and although staff spoke confidently about how to appropriately apply these, some improvement was required to the risk assessment of these practices. For instance, the inspector observed that some restrictive practice risk assessments did not consider the specific controls put in place by the provider to maintain residents' safety while in use of these restrictive practices. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider ensured systems were in place to support staff to identify and



report any concerns they had regarding the safety and welfare of residents.

The provider had ensured effective fire safety precautions were in place, including, regular fire drills, clear evacuation plans, regular checks of fire equipment and emergency lighting. Staff had received up-to-date training in fire safety and spoke confidently with the inspectors on their role in evacuating residents from the centre. However, some improvements were required to the displayed fire procedure to ensure it adequately described how staff were to respond to fire in the centre.

The registered provider had a system in place for the identification, assessment and monitoring of risks. A risk register was in place and was regularly reviewed by the person in charge and a process was in place for her to escalate high-rated risks to senior management, as required. Positive risk-taking was promoted in the centre and risk assessments were in place to demonstrate the measures the registered provider had taken to maintain the safety of residents at all times. However, some improvements were required to some organisational risk assessments to ensure they adequately described the control measures the provider had in place to mitigate against specific risks relating to the centre.

### Regulation 10: Communication

Residents had access to television, radio and the internet. Arrangements were also in place to support residents to use assistive and electronic technology, as required.

Judgment: Compliant

### Regulation 11: Visits

The registered provider facilitated residents to receive visitors, in accordance with the residents' wishes and suitable communal facilities were in place for residents to receive visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Each residents had access and retained control over their personal property and possessions. Secure storage areas were available to residents to use to secure their personal items.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had ensured that each resident had the opportunity to participate in activities in accordance with their interests and capacities. Residents were supported to develop and maintain links with the wider community in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be clean and homely and provided residents with a homely atmosphere to live in. It was designed and laid out to meet the needs of residents who availed of this service. Residents were involved decisions relating to recent refurbishments that took place and plans were in place to continue these refurbishments over the coming months.

Judgment: Compliant

### Regulation 18: Food and nutrition

The provider had arrangements in place for residents to choose, prepare and cook their own meals if they wished to do so. Although staff had a good knowledge of the dietary needs of residents, improvements were required to ensure documentation was in place to support staff in the preparation of meals for residents with specific dietary requirements.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre. However, some improvements were required to some organisational risk assessments to ensure they adequately describe the measures put in place by the provider to mitigate against specific risks relating to this centre. Further

improvements were also required to the risk assessments in place for:

- restrictive practices
- residents' elimination needs
- residents with neurological health care needs

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place; however, improvements were required to the displayed fire procedure.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents who presented with specific healthcare needs received regular review. Staff, who spoke with the inspector, were very knowledgeable of how they were required to support these residents. However, some improvements were required to ensure personal plans adequately guided staff on the specific support they were required to give to residents with neurological healthcare needs.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider had effective systems in place to support residents who required behaviour support. Staff demonstrated a strong knowledge on the appropriate use of restrictive practices and these were reviewed regularly with multi-disciplinary and resident input.

Judgment: Compliant

### Regulation 8: Protection

Although there were no safeguarding plans required at the time of inspection, the provider had systems in place to ensure staff were supported to identify, report and effectively manage safeguarding concerns, as required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Breakfree Lodge OSV-0002031

Inspection ID: MON-0025569

Date of inspection: 22/11/2018

## 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 have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Research old records Identify Date of Admission on which residents came to reside in the centre and enter onto Residents Directory in compliance with Schedule 3 of the regulations.</p> <p>This has been completed 22/1/19</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Update the Statement of purpose in line with the HIQA Guidance Document Feb 18. Adequately describing the services delivered as required by Schedule 1 of the regulations</p> <p>Completion date 28/2/19</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  Documentation on health specific nutritional and dietary needs for service user updated to provide guidance for staff.</p> <p>Completed: 10/12/18</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  Complete Audit of risk register and Risk Assessments ensuring they adequately describe the control measures in place to mitigate against specific risks relating to the centre</p> <p>Write up an overall Fire Risk Assessment detailing all the control measures in place to mitigate the risk and include on Risk register</p> <p>Completion date:  28/2/19</p> <p>Improvements made in relation to organisational risk assessments to ensure they adequately describe the measures put in place by the provider to mitigate against specific risks relating to this centre.</p> <ul style="list-style-type: none"> <li>- Restrictive practices. Completed: 14/01/2019</li> <li>- Residents with neurological health care needs. Completed: 10/12/2018</li> <li>- Residents' elimination needs. Completion date: 22/02/2019</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Change the displayed Fire procedure to ensure it adequately describes how staff were to respond to fire in the centre.</p> <p>Completed 25/1/19</p>	



Ensure that in the fire drills that take place in the year, that there are fire drills practiced with two staff only to ensure that they are competent and confident in evacuating the centre.

Completion date 30.3.19

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Service users' personal plans updated to guide staff on the specific supports they are required to give in relation to a service user with neurological healthcare needs.

Completed: 10/12/18

## 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 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	10/12/2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	22/01/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	28/02/2019

	responding to emergencies.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	10/12/2018