



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

Name of designated centre:	Mutual Breaks
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	21 August 2018
Centre ID:	OSV-0004867
Fieldwork ID:	MON-0021918

About the designated centre

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

Mutual Breaks is located in a residential area on the outskirts of a town in Co. Clare. The centre is located close to public transport services, shops and recreational services. The service is based on a social care model and can accommodate three people from the age of 18 upwards. It is a large two-storey semi-detached house, which provides respite services to male and female individuals with intellectual disabilities and provides additional support for physical disabilities. The centre is open forty eight weeks of the year and can provide respite services as required seven days a week.

Services provided are usually planned in advance in conjunction with the respite co-ordinator, the centre can support the provision of emergency admissions to the centre. The number of residents supported at all times is dependent on each individual's support needs and individuals are afforded the choice if they wish to share their break with another individual. All residents regularly attend day services outside the designated centre. Residents are not usually present in the centre between 09:30 am – 4pm Monday to Friday. All individuals are supported with a seamless transition between both day services and respite services by staff who know them well with a sleep over staff present in the centre at night time. The centre works closely with the families of all residents to provide individualised care and support.

The following information outlines some additional data on this centre.

Current registration end date:	31/01/2019
Number of residents on the date of inspection:	0

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
21 August 2018	08:50hrs to 16:45hrs	Elaine McKeown	Lead

Views of people who use the service

On the day of inspection there were no residents availing of the respite services. However, the provider had arranged for two individuals who regularly avail of the service to come to meet with the inspector during the day.

The individuals indicated they were very happy with the service they were receiving and spoke very highly of the staff. One resident liked being in the centre with staff but also enjoyed when friends, who also availed of the respite services, were staying at the same time. The other resident was regularly receiving the service with other individuals which they enjoyed.

Both residents were aware of the fire procedure and had taken part in fire drills within the centre. The individuals were able to tell the inspector who they would talk to if they had an issue or a complaint.

While speaking with the residents, the inspector was given a detailed description of all the activities accessed while attending the centre such as concerts, bowling, pony camp and short trips to different locations in Ireland. The individuals spoke of how they had been supported by staff to attend these activities along with support to help them develop skills such as cooking, baking and making beds.

The inspector was provided with three questionnaires completed by individuals who regularly attend the centre. The general theme was that they were very happy with all aspects of the service they receive.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. There were no actions to follow up from the previous inspection.

The inspector met with both the person in charge and the person participating in management during the course of the inspection. The person in charge was very knowledgeable about all the residents currently availing of respite services. She spoke confidently about her role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided to the residents. The person participating in management had recently taken up the role but was able to speak about their role and responsibilities and had previously held other roles within the organisation so was very aware of the service, the needs of the residents and

management systems.

The provider had ensured that staffing arrangements at the centre were in line with the assessed needs of the residents. Suitable cover arrangements were in place to ensure that there was adequate support for staff when the person in charge was off duty. An accurate staff rota indicated there was continuity of care from the staff employed by the provider. Furthermore, safeguarding of the residents was ensured through good recruitment practices. All Schedule 2 documentation was received prior to the staff working in the centre and was available for review by the inspector. Measures were in place to ensure that all staff were competent to carry out their roles. Staff received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all the required Schedule 5 policies, to guide staff in the delivery of a safe and suitable service to residents.

Staff who spoke with the inspector were very knowledgeable of residents' assessed needs and supports required. Staff were aware of the fire procedures and spoke positively about the recent introduction of staff being co-ordinators for the development and on-going review of personal plans. Through bi-annual meetings, and ongoing consultation with the person in charge, staff were aware of changes to the centre's operations and provider's policies.

The provider had systems in place to ensure the centre was regularly monitored and reviewed. Effective communication was evident between the organisational team, which ensured regular oversight of this service. The person in charge was available to staff within the centre at all times, her location was known to staff if she was not present in the centre. She met with staff and residents regularly through the course of her work. The provider also facilitated all staff to attend bi-annual meetings at which staff training was also provided. The annual review and six-monthly provider-led audits were in line with the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time between two centres located close to each other. The person had the required qualifications and experience. She was very knowledgeable regarding the individuals. There was effective governance, operational management and administration within the centre to ensure consistency

and positive outcomes for residents’.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care, staff worked with some of the residents in their day service and supported them while in the designated centre. The planned rota was reflective of changes and were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the regulations had been obtained.

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. There was a training schedule to ensure that training was delivered as required. All staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was fit for purpose, it included all the required information relating to the residents who received services in the centre.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that a contract of appropriate insurance was in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were arrangements in place, such as auditing systems, to ensure that the service provided was safe and in line with residents' needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that the written agreements clearly outlined the fees to be charged and the services that residents received for this fee.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider had an effective complaints procedure for residents in an accessible and age-appropriate format. Residents also had an advocacy service available to them if they required it.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had all of the Schedule 5 policies available for review. The sample reviewed by the inspector were reviewed and updated as per the requirements of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in the centre. There were no actions to be followed up from the previous inspection.

During the course of the inspection it was evident from speaking with the residents that they were happy with the support they received and were supported in line with their needs. Residents were supported to enjoy activities which related to their personal interests. Residents accessed a range of activities in the local community. Individuals were also supported to attend educational programmes, vocational training and work placements. One resident spoke proudly of how they independently accessed public transport to get to their training centre four days a week and learned how to make their bed with the help of staff at the centre.

Personal planning arrangements were comprehensive and guided staff on how to

support residents' assessed needs. These were subject to regular reviews both annually and more frequently if required. In addition, the person in charge and staff had developed a document " All About Me" which contained clear, precise information with pictures pertaining to the respite service for individuals. The residents' were involved in the development of their own personal story. The inspector found this a valuable aid which ensured consistency in the support provided and informing all staff of the specific requirements/interests/ dislikes of residents. Residents were actively supported to make decisions pertaining to their service and were given opportunities to express their views and preferences. This was also observed by the inspector while staff were supporting residents during the inspection.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre. Staff and residents participated in regular drills. The person in charge ensured that regular service users were involved in at least one fire drill during the year, this was proportionate to the amount of time spent by these individuals in the centre. This was monitored closely by the person in charge and staff were informed of which individuals need to be involved in up coming planned fire drills to ensure all residents were familiar with the procedure.

The provider had measures in place to ensure the safeguarding of residents from being harmed from abuse. There was a policy in place and all staff had received safeguarding training. This ensured that they had the knowledge and skills to treat each resident with the respect and dignity and to recognise the signs of abuse and or neglect.

There were safe medication management processes in place to protect residents from the risk of medication errors. Residents had been consulted regarding their wish to self-medicate. One resident currently self-medicates and one resident is progressing to achieving this goal with staff support which is documented in his personal plan. Suitable storage practices were available. Regular medication audits were carried out and guided practice in the centre.

Regulation 12: Personal possessions

Residents were supported to retain control of their personal property and possessions including their finances. Each bedroom had a safe for residents to use during their stay.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents received appropriate care and support having regard to residents' assessed needs and abilities.

Judgment: Compliant

Regulation 17: Premises

The premises met the requirements of the regulations. The design and layout of the centre ensured that areas were accessible to the residents and met their assessed needs. Artwork by individuals using the service decorated the sitting room which reflected their interests and tastes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a resident guide available which was fit for purpose. Information was available throughout the designated centre in easy-to-read format such as the fire evacuation procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place which included regular fire drills, fire equipment checks, up-to-date staff training, containment measures and detection systems.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the centre leading to safe medication management practices.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' needs and staff knowledge. Residents' participated in their annual personal plan review meetings and their personal goals were being progressed.

Judgment: Compliant

Regulation 6: Health care

The provider and families supported the healthcare needs of residents together. The health needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, allied healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. At the time of inspection residents accessing the service did not require behaviour support plans. There were clear guidelines to support one resident with the use of a bed rail and laptop tray while in their wheelchair. This ensured consistency in the care and support given to the resident.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. All staff had received training in safeguarding. There are currently no safeguarding plans in place at the designated centre. Residents are supported with information about safeguarding being provided in easy-to-read format and any concerns or issues were discussed with residents as they arose.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' privacy and dignity were respected and the services provided were in accordance with the residents' wishes. Residents were aware of their personal rights such as making a complaint and how to access advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant