



Office of the Chief Inspector

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:	Unannounced
Date of inspection:	06 August 2019
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0025153

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 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:

6

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
06 August 2019	09:50hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the four of the six residents currently living in the designated centre during the course of the inspection. Some residents communicated their thoughts and opinions verbally while others used non-verbal methods to communicate. The inspector also observed care practices and interactions on the day of inspection.

Overall, the residents appeared happy and content in the centre and were seen to be comfortable in the presence of staff. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. The residents were observed as they prepared to engage in their daily activities such as accessing the community and engaging in activities in line with their interests.

Capacity and capability

Overall, the residents appeared comfortable and content in the centre and the centre's governance arrangements provided effective oversight of the service and ensured that the service provided was of a good quality. However, some improvement was required in relation to the timing of the unannounced six monthly provider visits.

There was a clearly defined management structure in place. The centre was managed by a full time person in charge who reported to the service Manager, who in turn reported to the director of adult services. The person in charge was suitably qualified and experienced. They demonstrated good knowledge of the residents and their support needs. There were a number of quality assurance audits in place to ensure the service provided was safe and effectively monitored which included annual reviews, the six-monthly unannounced provider visits, health and safety audits and personal plan audits. These audits identified areas for improvement and developed corresponding action plans. While, six-monthly unannounced provider visits were completed and identified areas for improvement, the most recent visits were carried out on 20 November 2018 and 12 June 2019. This is not within the six months time frame as outlined by the regulations.

The person in charge maintained a planned and actual roster. On the day of the inspection, the inspector found that the centre had sufficient staffing levels in the designated centre to meet the assessed needs of residents. The centre was operating with .75 whole time equivalent vacancy. A review of rosters demonstrated continuity of care was maintained by the covering the vacancies through the existing management and staff team and the use of regular relief

staff. The inspector was informed that the provider was not recruiting to fill this vacancy as the current arrangements allowed flexibility in the staff roster and worked well. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

There were systems for the training and development of staff. The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in mandatory training including fire safety, safeguarding vulnerable persons, manual handling and safe administration of medication.

The inspector reviewed a sample of incidents and accidents in the centre and found that incidents were notified to the Chief Inspector as per the requirements of Regulation 31.

Regulation 14: Persons in charge

The designated centre was managed by a person in charge who was employed on a full-time basis, suitably qualified and experienced. The person in charge demonstrated good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

There were planned and actual rosters maintained in the centre. On the day of inspection, there were appropriate staff numbers in place to meet the assessed needs of residents and to provide for the safe delivery of service.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems for the training and development of staff. The staff team had up-to-date mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There were a number of quality assurance audits in place to ensure the service provided was safe and effectively monitored which included annual reviews, the six-monthly unannounced provider visits, health and safety audits and personal plan audits. The six-monthly unannounced provider visits were not completed within the six months time frame as outlined by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Written agreements were in place which outline the fees to be paid by each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents and accidents in the centre and found that all incidents were notified to the Chief Inspector as per the requirements of Regulation 31.

Judgment: Compliant

Quality and safety

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person centred and of good quality. However, improvements were required in personal plans, protection against infection, fire evacuation arrangements and a medication practice.

The inspector completed a walk-through of the designated and found that the house was homely and well maintained. The centre is a large detached two storey house which consist of kitchen/dining room, two sitting rooms, six bedrooms, a staff sleepover room, an office and two shared bathrooms. There was a large landscaped garden to the front and the rear of the centre which, on the day of inspection, was slightly overgrown.

Audits, carried out by an external agency, had identified improvements were

required to ensure robust infection control measures in parts of the kitchen. However, at the time of inspection these measures had not been implemented by the provider. While it was acknowledged the provider had plans in place to address this, the provider was required to do so in a timely way as this issue was longstanding and was identified as a non compliance on inspections of the centre in 2017 and 2018.

The inspector reviewed a sample of the residents' assessments of need and personal plans and found that they were person-centred. Each resident had a comprehensive assessment of need and a personal care plan was developed in line with their assessed health and social care needs. However, personal plans were not in place for some identified health and social care needs. This had been self-identified by the person in charge and an audit had been recently introduced to ensure plans were in place for each identified need. The inspector found that residents were supported to enjoy their best possible health and had access to a General Practitioner and a range of allied health professionals.

There were positive behavioural supports in place for residents where required. These support plans were up-to-date and guided the staff team in supporting residents manage their behaviour. Residents had access to allied professionals such as psychiatry and psychology as required. There were some restrictions in use in the centre including bed-rails, use of a transport harness and sleep systems. These restrictive practices were reviewed regularly by the organisation's Positive Approaches Managements Group.

There were systems in place to safeguard residents from abuse. The inspector reviewed of a sample of incidents and found that they were appropriately reviewed and responded to. It was noted there were some peer-to-peer behavioural incidents that occurred on occasion, which could potentially become a safeguarding concern. However, the provider demonstrated that these incidents were managed through the implementation of positive behaviour support planning. In addition, an overall safeguarding plan and risk assessments were also in place to manage these incidents, which in turn, managed the potential safeguarding risk. Staff spoken with were clear in what constituted abuse and what to do in the event of an allegation or concern. The inspector observed that residents appeared content and relaxed in their home.

There were effective risk managements systems in place to identify, assess, manage and review risk in the designated centre. The centre maintained a local risk register which outlined measures in place to control identified risks including medication management, infection control and safeguarding. In addition, individual risk assessments were also in place in relation to management of behaviours that challenge, falls, feeding supports, eating and drinking supports and manual handling.

There were arrangements in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Centre records demonstrated the fire drills were carried out regularly. Each resident had a Personal

Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre. However, a recent change in needs for one resident meant the arrangements in place to safely evacuate all residents at night time were not adequate. This had been also identified by the provider. There was evidence demonstrating the provider was exploring a long term solution to address this. However, the arrangements and supports in place, in the interim, required review to ensure the safe evacuation of all residents.

There were systems in place for the ordering, storing, disposal and administration of medication. There was appropriate secure storage of medication. A sample of prescription and administration sheets were reviewed and found to contain appropriate information. The inspector reviewed a sample of medications and noted improvement was required in one aspect of medication practice, not all prescribed creams had open dates recorded.

Regulation 17: Premises

The house was homely and well maintained. One aspect of the kitchen required review, this is referred to under Regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk managements systems were in place to identify, assess, manage and review risk in the designated centre. The centre maintained a local risk register and individual risk assessments which outlined measures in place to manage risk in the designated centre. Risk management reflected staff knowledge and practices at the time of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

Improvements were required to ensure robust infection control measures in parts of the kitchen. While it was acknowledged the provider had plans in place to address this, the provider was required to do so in a timely way as this issue was longstanding and was identified as a non compliance on inspections of the centre in 2017 and 2018

Judgment: Not compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety management. However, the arrangements and supports in place for the safe evacuation of all residents at night required review.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the ordering, storing, disposal and administration of medication. However, some medications (creams) did not have opening dates recorded on them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were person-centred. Each resident had a comprehensive assessment of need and a personal care plan was developed in line with their assessed health and social care needs. However, personal plans were not in place for some identified health and social care needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy their best possible health and had access to a General Practitioner and a range of allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents where required. There were some restrictions in use in the centre. These were reviewed regularly by the organisation's Positive Approaches Managements Group.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents from abuse.

Judgment: 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Breaffy House OSV-0002389

Inspection ID: MON-0025153

Date of inspection: 06/08/2019

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 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 registered provider has copies of the last unannounced 6 monthly audits (dated 20th November 2018 and the 12th June 2019) and will ensure unannounced visits to the designated centre are completed at least once every six months. A copy of these reports will be maintained in the designated centre. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • There is a documented plan in place which addresses the remaining actions from the last inspection. • A quotation for redesigned works required in relation to this area has been received and approval is being sought for the required works. • The PIC is linking with the relevant TSD staff in relation to confirming start dates for this work. 	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Additional staffing has been allocated as required to the designated centre to ensure the safe evacuation of all residents. Risk assessments and Personal Evacuation Plans have been updated to guide practice. This is an interim measure until works have been completed on the existing bedroom. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Staff meeting held on the 22/08/2019, PIC informed all staff to ensure open and disposal dates are recorded on all prescribed creams /sprays in the designated centre. • PIC will audit all medications every 3 months to ensure the designated centre has suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of all medications 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Audits of all residents' assessments of needs and support plans have been completed, all relevant support plans are in place and reviewed every 3 months or when required. 	

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(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	06/08/2019
Regulation 27	The registered provider shall 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	Not Compliant	Orange	22/12/2019

	associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	22/12/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	22/08/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	22/08/2019