



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

Issued by the Chief Inspector

Name of designated centre:	Mutual Breaks
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	28 September 2020
Centre ID:	OSV-0004867
Fieldwork ID:	MON-0030459

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 close to public transport routes, shops and recreational services. A respite service is provided and the centre is funded to open 48 weeks of the year; extended periods of respite can be provided dependent on individual needs. The service is based on a social care model and can accommodate a maximum of three residents from the age of 18 upwards. The house is a spacious two-storey semi-detached property that was purpose built to support a range of needs. Each resident is provided with their own bedroom one of which is on the ground floor with a fully accessible en-suite facility. The respite service is usually planned in advance and the number of residents supported at any one time is dependent on individual support needs and residents are afforded the choice if they wish to share their break with a peer. All residents regularly attend external day services and are not usually present in the centre between 09:30 – 16:00 Monday to Friday. The model of support provides residents with a seamless service and a smooth transition between the day service and the respite service. Residents are supported by the same staff team 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.

Number of residents on the date of inspection:	0
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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
Monday 28 September 2020	10:15hrs to 15:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

There was no resident in receipt of a respite service when this inspection was completed. However, one resident who regularly attended the centre came to speak with the inspector accompanied by staff from the nearby day service. It was evident that the resident was accustomed to the measures needed to protect themselves from the risk of COVID-19. The resident and the inspector met outdoors, the requirement for a safe physical distance and the use of a face covering were implemented without hesitation. There was discussion of the sensory challenges posed by some face masks until a comfortable type was found. The resident also discussed the impact and limitations posed by COVID-19, for example on opportunities to enjoy work placements. The resident was happy however that educational opportunities had recommenced utilising on-line resources. The resident told the inspector that he enjoyed his respite breaks and that he had recently attended for respite with a peer. They got on with each other and had enjoyed going bowling with the staff member that was supporting them. The resident confirmed that the staff member who provided support in the respite house were the same staff member who worked with them in the day service and that they all got on fine. The resident advised that he was happy with the house and there was nothing in particular that he would wish to change.

Capacity and capability

The model of service delivery, effective systems of management and implementation of the guidance offered by national guidelines ensured and assured the delivery of an appropriate, safe quality respite service.

In response to the COVID-19 pandemic respite services in this centre had been suspended as a measure to curtail the accidental introduction and onward transmission of COVID-19. Respite services had recently recommenced on a limited basis and the inspector found that preparedness planning and the operation of the service was guided by and in alignment with guidelines issued by the statutory body, the Health Service Executive (HSE). The main objective of these guidelines was to support the safe resumption of respite services in the context of the ongoing risk posed by COVID-19 to residents, their families and staff. Adherence to these guidelines by the provider demonstrated the providers commitment to providing a safe respite service. The provider used the guidelines to self-assess the measures and practice that it already had in place, and then made changes as necessary to ensure compliance with the principles of the guidelines and the safe resumption of respite provision. For example, the provider had reviewed the available transport and had made internal modifications so that more than one resident could if necessary safely use the vehicle. The provider had also ceased the

operation of day services from the house so as to reduce footfall and crossover of staff and residents.

The model of operation of this service involved close collaborative working between the day service and the respite service. There were many positive outcomes for residents from this model; they received a continuum of support and a smooth transition between home, day service and respite service. For this model to work effectively and safely clear lines of communication, accountability and responsibility were required and these were in place. For example, the person in charge had oversight of both services in her substantive role of community services manager, and had the required line management function and authority to ensure the effective governance of these services. The person in charge described clear systems of communication, planning and review that ensured accountability but also consistency. In addition the provider was completing on schedule its own internal reviews of the quality and safety of the service. The reports of these were reviewed by the inspector and indicated a service where a high level of good practice was consistently found and improvement plans sought to drive further improvement.

The inspector was advised that there were no recent or open complaints. The inspector saw that the provider had recently reviewed and updated its complaint policy and procedure. How to complain and who to complain to was displayed in the main kitchen. The person in charge described how, given the nature of respite services they were in regular communication with families. The inspector saw that the internal reviews referred to above monitored the receipt and management of complaints and also actively sought feedback from both residents and their representatives. The feedback recorded as received from both parties was consistently positive.

The model of operation was reflected in the staffing arrangements of the centre. The same staff team worked in both the day service and the respite service. There were advantages for the provider, staff and residents in these arrangements; the arrangements were also suited to recommended COVID-19 contingencies. Having the same staff team in both services meant that both staff and residents were well known to each other. The person in charge described how they tried to ensure that resident and staff interests were compatible when planning respite, for example a mutual liking for sport and outdoor activities. Information in relation to each resident, their needs, supports and preferences was managed by the same staff and management team. Families dealt and interacted with the same staff and management team. Staffing levels were dependent on and matched to the occupancy and needs of residents, and there was normally one staff on duty at all times. The inspector reviewed the staff rota and found consistency of staffing and consistent staff arrangements where the same staff supported the same resident or residents during each respite break. In the context of COVID-19, these arrangements supported infection prevention and control as footfall in the centre and crossover of staff between services were minimised, and the number of contacts that residents and staff were exposed to was also reduced.

The review of training records indicated that staff had access to the education and training needed to provide residents with a safe and effective service. Attendance at

baseline and refresher training was monitored and the provider had facilitated access to on-line training where COVID-19 had prevented practical face-to-face training. Based on the representative sample of records reviewed by the inspector there were no training gaps and the online training had been completed in lieu of deferred practical refresher training. The training programme was responsive to the COVID-19 pandemic and all staff had completed training in hand hygiene, breaking the chain of infection and the correct use of personal protective equipment (PPE) training. The provider had also recently issued each staff member with a work email so that updates and changes were directly circulated to each staff.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations in terms of qualifications, skills and experience. The person in charge took responsibility for the management of the centre taking into account their role in the management structure. The person in charge was, based on discussion and records reviewed actively involved in the operational management, administration and oversight of the service. The person in charge had the authority and accountability needed to manage and oversee the model of support that was operated. The person in charge was supported in the day-to-day management of the centre by a social care worker who had protected time for completing administration duties.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were dependent on and matched to the occupancy and needs of residents and there was normally one staff on duty at all times. The inspector reviewed the staff rota and found consistency of staffing and consistent staff arrangements where the same staff supported the same resident or residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to the education and training needed so as to provide residents with a safe and effective service. Attendance at baseline and refresher training was monitored. Notwithstanding the requirement due to COVID 19 restrictions for staff to complete some training on-line, this inspection identified no

gaps in attendance at training.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector were available and were well maintained. The information needed to inform and validate the inspection findings was readily retrieved from the records.

Judgment: Compliant

Regulation 23: Governance and management

This was an effectively managed service that was adequately resourced to deliver on its stated objectives. The management structure was suited to the model of delivery and ensured that there was provision for oversight, authority and accountability. The provider had systems that supported consistent and effective monitoring of the appropriateness, quality and safety of the service. The provider operated the service in line with national guidelines thereby further assuring the safety of the service provided to residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was recently reviewed and contained all of the required information, for example the care and support needs that could be met, criteria for admission and details of the staffing and management arrangements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had recently reviewed its complaints policy and procedure. Information on; how to complain and who to complain to was prominently displayed. While there were no active complaints, records seen by the inspector indicated that the provider actively sought and welcomed feedback from both residents and their

representatives so as to inform the reviews of the service.

Judgment: Compliant

Quality and safety

Based on the evidence available the inspector was assured that this respite service was operated and managed so as to provide each resident and their family with an individualised, safe, quality service. Two areas requiring some improvement were identified; a healthcare- related plan required review as did one aspect of the provider's fire safety measures.

The support that each resident received was informed and guided by their personal plan. The plan was a live document that followed the resident as they transitioned between the day and respite services. This system, in addition to the staffing arrangements described in the first section of this report, facilitated continuity and consistency for residents, their representatives and staff. The person in charge confirmed that she oversaw regular planning and review meetings; the person in charge also had a system for the periodic review of each individual plan. The inspector reviewed two personal plans and found them to be very individualised with evidence of consultation with residents and their representatives. There was evidence of review and amendment in line with changing circumstances and an overall annual review. The plan was very much about the person, their life and their continuum of support. However, at verbal feedback of the inspection findings, the inspector did discuss the opportunity that existed for staff to explore how the respite element of the plan could be best developed, for example, demonstrating in the plan how respite support was utilised to maximise resident personal development in line with their expressed wishes.

As this was a respite service supporting resident health and well-being was ordinarily managed by family. Staff had the information that they needed about any resident health or physical matters in the personal plan so that they could respond and provide the care necessary as and when needed. This information was also, however, used proactively when planning activities and therapeutic programmes. For example, any deficits in fine and gross motor skills were considered so that chosen activities promoted suitable, safe and successful resident participation. However, the inspector did find an inconsistency between records and plans relating to the response to and the parameters for the administration of an emergency medicine. Staff spoken with were clear as to which record was correct, but review and correction in consultation with the prescriber was needed.

Staff described how the assessed needs of residents facilitated education and the development of residents knowledge and skills for self-protection. This work was largely completed in the day service; the designated safeguarding officer was reported to call to the service and was known to residents. Scenarios that had the

potential to compromise resident safety were included in the assessment of individual risks. Staff had completed safeguarding training. The person in charge described how she assured herself as to the safety of the service, such as calling unannounced to the house when residents and staff were present.

Staff confirmed that there was no requirement for behaviour management plans or strategies in the service currently. There were no reported restrictive practices. Staff had completed training in the management of behaviour that challenged or posed risk including de-escalation and intervention techniques.

Core to the resumption of and the daily operation of the respite service was the identification, assessment, management and ongoing monitoring of risk. It was evident on speaking with staff and from the risk register how COVID-19 impacted on existing risks, had created new risks and was integral to the process of risk management so as to ensure that all residents, their families, peers and staff were safe. Staff described how the process of risk management commenced with decision-making on prioritisation of access in the context of a reduced respite service, then the assessment of risks specific to the individual including any COVID-19 related risks and the ongoing review and management of any risks that evolved. For example engaging in a community or recreational activity while on a respite break. This practice was evidenced in the risk register and in the personal plans.

Many of the controls discussed, observed and specified in the risk assessments were directly related to infection prevention and control measures so as to prevent the accidental introduction and onward transmission of COVID-19. As discussed in the first section of this report staff had completed the required training and staffing arrangements supported reduced footfall, crossover of staff and minimised contacts as staff and residents were together in both the day and respite service. Staff, visitor and resident well-being was monitored prior to entering the respite house and during the respite period; staff described the contingency plans for responding to any suspected illness of either a resident or staff. The individual risk assessment had assessed each residents understanding of and their capacity to comply with measures such as physical distancing, hand hygiene and the use of a face covering; staff practice responded to the findings of the assessment. While the inspector did not have the opportunity to observe staff and resident interactions the inspector was assured by the clarity of knowledge of procedures described and those that were observed. For example, the environment was visibly clean, clutter free and conducive to cleaning. There were cleaning schedules that including regular cleaning of contact points such as door handles and the cleaning of each room after each period of respite. Staff confirmed that they had adequate stocks of PPE and the person in charge had recently audited adherence to infection prevention and control procedures.

As there were no residents availing of respite at the time of this inspection, how residents rights were respected, promoted and reflected in the operation of this respite service was established during discussions with staff, and a resident who called to the centre and a review of records. The discussions with staff were focused on the resident and ensuring that each respite visit was suited to their needs. Staff described how there was an ongoing process of discussion and planning with

residents in the day service prior to coming to respite and during respite where the plans for the next visit were often discussed and agreed. Residents could choose their own bedroom and often chose to use the same room on each visit. Residents could shop for groceries with staff and choose their preferred meals. Residents attended respite on their own or attended with a peer who shared similar interests and abilities. The management of the staff rota sought to match staff and residents so that the support provided respected and maximised interests and choices relevant to age, gender, disability, ability and general social interests.

Overall there was evidence that the provider had a proactive approach to protecting residents and staff from the risk of fire. The premises was fitted with a fire detection and alarm system, emergency lighting and fire fighting equipment. The inspector saw certificates that confirmed the maintenance and testing of these fire safety systems at the required intervals. Given the nature of a respite service simulated fire safety drills were scheduled to ensure that each resident and the staff supporting them regularly participated in a drill. While some residents required staff to alert and direct them to evacuate, there were no reported obstacles to safe and efficient evacuation of the premises. This was evidenced in the report of one such drill completed since the service had recommenced and seen by the inspector. On visual inspection, the premises was fitted with fire resistant doors designed to contain fire and its products in the event of fire. However, one room that functioned as an office at first floor level was not fitted with such a door and the doors that were in place were not fitted with self-closing devices.

Regulation 17: Premises

The premises was purpose built and its design and layout was therefore suited to a range of needs including higher physical needs. The location of the centre facilitated access to all of the amenities offered by the busy town and the surrounding area. Bedrooms were spacious; two bedrooms had full en-suite facilities and a further bathroom with a whirlpool type bath was also provided. The premises was well maintained and recently redecorated. Residents had access to a spacious and secure rear garden.

Judgment: Compliant

Regulation 26: Risk management procedures

Consistent identification, assessment, management and monitoring of risks ensured that residents received safe services, support and care.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented infection prevention and control policies and procedures based on national guidance. The provider used guidance specific to the type of service provided to audit and make changes as needed to ensure that respite could be provided while residents, their families and staff were protected in so far as was reasonably practicable from the risk of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

One room that functioned as an office at first floor level was not fitted with a door designed to contain fire and its products; such doors that were in place were not fitted with self-closing devices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan was individualised to the needs, abilities, preferences and wishes of each resident. Residents and their representatives were consulted with and participated as appropriate in the development and review of the plan. The plan was updated to reflect changes in needs and circumstances. The plan was a live record that followed the resident as they transitioned between the day and respite services; this ensured continuity of the exchange of information and continuity and consistency of support.

Judgment: Compliant

Regulation 6: Health care

The inspector noted inconsistency between records and plans outlining the required staff response and the parameters for the administration of an emergency medicine. Staff spoken with were clear as to which record was correct but review and correction in consultation with the prescriber was needed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

While there was no reported requirement for behaviour management plans or restrictive practices, staff had completed the relevant training and the assessment of needs established the requirement or not for such a plan.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures governing the management of any suspected or alleged abuse. Staff had completed safeguarding training. Residents were supported to develop their knowledge, understanding and skills for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and their representatives were consulted with and participated in decisions made about the service and the support provided. The provider actively sought feedback from residents and their representatives. The service was managed with due regard for the age, gender and social preferences of residents. Risk control measures, for example any necessary precautions to manage the risk of COVID-19, were proportionate and did not place unreasonable restrictions on residents routines and choices.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mutual Breaks OSV-0004867

Inspection ID: MON-0030459

Date of inspection: 28/09/2020

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire resistant door to be fitted in office with self-closing devices to be fitted to all doors.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The PIC will ensure that there is consistency between records and plans outlining the required staff response and parameters regarding the administration of emergency medicine.	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/11/2020
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	29/09/2020