



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

## Issued by the Chief Inspector

Name of designated centre:	Breaffy House
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	17 April 2024
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0034446

## About the designated centre

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

Breaffy house is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a residential service for up to seven adults with disabilities. A bed sharing arrangement is in place in the centre, therefore a maximum of six residents are accommodated in the centre 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:	5
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 April 2024	09:05hrs to 16:30hrs	Kieran McCullagh	Lead
Wednesday 17 April 2024	09:05hrs to 16:30hrs	Orla McEvoy	Support

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. Inspectors used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, inspectors found high levels of compliance with the regulations and standards.

Inspectors found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives". Inspectors found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre comprised of one two-storey building, located in a coastal suburban town in Dublin. The house comprised of seven bedrooms, including a staff sleepover room, staff office, kitchen, quiet room, sitting room, utility room and two bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is registered to accommodate six people. A bed sharing arrangement is in place in the centre with three residents living in the centre on a full-time basis. Inspectors had the opportunity to meet three of the residents over the course of the inspection.

Residents the inspectors spoke with said that they were very happy with the service. They told inspectors they felt safe, liked their bedrooms and the layout and décor of their home. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were observed to be relaxed and happy in their home. It was clear during the inspection that there was a good rapport between residents and staff.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. A high degree of satisfaction was indicated in completed surveys provided to inspectors. It was seen that the completed surveys provided positive responses to all areas queried such as, choices and decisions, visitors and activities. For example one resident reported in their survey "I love living here. The dinners are delicious" and "Staff know I like dogs so they organised a volunteer with a dog to meet up with me twice a month".

Inspectors did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety

of care evidenced that they were happy with the care and support that the residents received.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke with inspectors regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management and managing behaviour that is challenging. Inspectors found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes.

Staff had completed training in human rights and inspectors observed this in practice on the day of the inspection. For example, one resident had chosen to retire from day services in previous years and as such was being supported by a staff member from the centre during the day time. Inspectors observed the resident engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests.

Inspectors carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia, ornaments and soft furnishing and fittings that were in line with the residents' preferences and interests.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the

leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and were supported by a service manager who in turn reported to a Director of Adult Services.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. There was one whole time equivalent staff vacancy at the time of inspection. Although the provider had contingency arrangements in place, inspectors observed that a high volume of shifts were being covered by a panel of relief and agency staff. Owing to the assessed needs of the residents it was important that they were supported by a core familiar and consistent staff team who had a good understanding of individual and collective needs. Overall, the continuity of care and support to residents could not always be assured.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. Inspectors saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were

identified and progressed in a timely manner.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge maintained a planned and actual staff roster. Inspectors reviewed planned and actual rosters for the months of February, March and April and found they all accurately reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices.

There was one whole time equivalent staff vacancy at the time of inspection and recruitment was underway to back fill this. The provider was attempting to ensure continuity of care and support through the use of regular relief and agency staff, however this was a challenge. For example, following review of rosters inspectors noted that a total of 27 shifts were covered by different agency staff across the months of February and March, with a further 15 shifts covered by three agency staff across the month of April. This did not ensure continuity of care and support to residents and required review by the provider.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. Inspectors reviewed the staff training matrix and found that staff in the centre had completed a range of training courses to ensure they had the



appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, feeding, eating, drinking and swallowing (FEDS), infection, prevention and control (IPC), food safety and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. Inspectors reviewed two staff members supervision records, all of which were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for inspectors to view.

Inspectors reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Inspectors reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. In addition, a suite of audits were in place including monthly local audits and six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety, medication management and resident finance audits. On completion of these, action plans were developed to address any issues identified.

Inspectors reviewed the action plan created following the provider's most recent six-monthly unannounced visit carried out in December 2023. The action plan documented a total of 14 actions. Following review, inspectors observed that 13 actions had been completed and that they were being used to drive continuous service improvement.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider had in place a policy on Referral, Admissions, Transition and Discharge.

There were contracts of care in place for all residents. Inspectors reviewed three contracts of care in place for residents and found that these were signed by the residents or their family or representative.

Contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts as were the fees and additional charges or contributions that

residents made to the running of the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 30: Volunteers

Two volunteers had been recruited by the provider, which enhanced the wellbeing and quality of life of residents and positively contributed to their lived experience. For example, inspectors observed residents engaging in community based recreational activities of their own choosing.

Inspectors reviewed both vetting disclosures, which were in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Volunteers were in receipt of clear, comprehensive information about their role, their responsibilities and their supervision arrangements. For example, the person in charge completed a handover with each volunteer prior to any outing. In addition, volunteers had completed training in Children's First and safeguarding.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In

addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

Inspectors observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

Inspectors reviewed the complaints log. There was one open complaint on the day of inspection and inspectors found that this was being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to inspectors that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The premises was well maintained and was observed to meet residents' individual and collective needs. The premises was found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. There was sufficient communal space, and a nice garden for residents to enjoy. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that the premises, both internally and externally, was of sound construction and kept in good repair.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices

relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

All residents accessed a GP of their choice and health and social care professionals in line with their needs and the resulting care plans were detailed in nature and guiding staff practice. Multi-disciplinary input was routinely sought as part of the re-assessment of residents' needs and where recommendations were made, these were incorporated within the healthcare plans for residents.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Inspectors reviewed the safeguarding arrangements in place and found that staff had received training in safeguarding adults. In addition, there were clear lines of reporting for any potential safeguarding risks and staff spoken with were familiar with what to do in the event of a safeguarding concern.

In summary, residents at this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

## Regulation 17: Premises

Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. Inspectors carried out a walk around of the centre in the presence of the person in charge, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. A bed sharing arrangement is in place in the centre and inspectors observed that the person in charge had put in place effective systems in

managing personal belongings, including bed linen when residents were absent.

To the rear of the centre, was a well-maintained garden area, that provided outdoor seating for residents to use, as they wished. Inspectors observed that residents could access and use available spaces both within the centre and garden without restrictions.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file. Inspectors reviewed three care plans and found there was guidance regarding their meal-time requirements including food consistency and residents' likes and dislikes.

Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian, occupational therapy and dental services as required. Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to advice and expert opinions from specialist services, including advice on therapeutic and modified consistency dietary requirements.

Residents were consulted with and encouraged to lead on menu planning and could choose to participate in the preparation, cooking and serving of their meals as they wish. For example, inspectors observed residents participating in dinner preparation on the day of inspection.

Inspectors observed staff supporting residents that required assistance with eating and drinking in a respectful and dignified manner. For example, staff provided support required as per care plans while encouraging as much independence as possible during meals.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, inspectors observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following

a review of servicing records maintained in the centre, inspectors found that these were all subject to regular checks and servicing with a fire specialist company.

Inspectors observed that the fire panel was addressable and easily accessed in the entrance hallway and all fire doors, including bedroom doors closed properly when the fire alarm was activated. In addition, all fire exits were thumb lock operated, which ensured prompt evacuation in the event of a fire.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, inspectors reviewed three resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were knowledgeable of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Inspectors reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Medication administration records reviewed by inspectors clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

All medication errors and incidents were recorded, reported and analysed. Inspectors reviewed medication error forms and found that learning was fed back to improve each resident's safety and to prevent re- occurrence.

Residents had been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Inspectors reviewed three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Emotional wellbeing
- General healthcare
- Physical and intimate care
- Safety
- Rights

Inspectors reviewed two residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024. Examples of goals set for 2024 included; meet up with family and friends, join a local group and become a member of a community club. In addition, the provider had in place systems to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

## Regulation 6: Health care

The service had implemented a proactive model of care delivery that was centred on the needs of individual residents and the health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities.

The provider and person in charge ensured that residents were being supported to enjoy best possible health. There was evidence of regular healthcare appointments with; general practitioner, dietitian, chiropodist and ophthalmologist. Staff spoken with described the interventions and support required by each resident to ensure the best possible health outcomes.

Inspectors observed that information was in an accessible format and residents were communicated with regarding their care. For example, inspectors reviewed



three residents' hospital passports. These documents had recently been reviewed by staff in consultation with residents. Hospital passports were used to support healthcare professionals to understand the needs of residents in order to achieve improved health outcomes.

Residents were supported to live healthily and take responsibility for their health and have their rights respected and staff were proactive in referring residents to healthcare professionals. In addition, inspectors saw evidence that residents were supported to access preventative and national screening services. For example, some residents had recently attended CervicalCheck appointments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Inspectors found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by inspectors were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

There were some restrictive practices used in this centre. Inspectors completed a review of these and found they were the least restrictive possible and used for the least duration possible. Inspectors also reviewed the restrictive practice log and found that these had been assessed, logged and notified to the Chief Inspector of Social Services as per the regulations. The provider had a restrictive practice committee in place and inspectors observed that restrictions were reviewed on a regular basis.

The provider ensured that staff had received training in the management of behaviour that challenges and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and inspectors observed positive communications and interactions throughout the inspection between residents and staff.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a

safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Inspectors reviewed two preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

At the time of this inspection there were ten safeguarding concerns open. However, inspectors found that these had been reported and responded to as required and formal safeguarding plans were in place to manage these concerns.

Following a review of two residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with resident's personal plans and in a dignified manner.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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

# Compliance Plan for Breaffy House OSV-0002389

Inspection ID: MON-0034446

Date of inspection: 17/04/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The Service Provider with the support of The Human Resource Department are continuing to recruit staff in line with the HSE embargo. Staff will be assigned in the Designated Centre within the coming months (01/12/2024).</li></ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/12/2024