



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:	18 August 2021
Centre ID:	OSV-0004867
Fieldwork ID:	MON-0033341

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, the centre is funded to open 48 weeks of the year and, extended periods of respite can be provided dependent on individual needs. The service is based on a social model of care and, can accommodate a maximum of three residents from the age of 18 years 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. Residents are afforded the choice if they wish, to share their respite break with a peer. 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
Wednesday 18 August 2021	10:30 am to 3:00 pm	Mary Moore	Lead

What residents told us and what inspectors observed

While the inspector did not meet with any residents, based on what the inspector read, observed and, discussed with management, the planning and delivery of this service ensured that residents received a safe, quality respite service that was responsive to their individual needs and requirements. The provider had addressed the two actions that had emanated for the last Health Information and Quality Authority (HIQA) inspection. The provider had the arrangements in place to ensure the service was effectively overseen. The provider was found to be in full compliance with the regulations reviewed by the inspector.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. There was sufficient space and facilities for the inspector to base themselves in the house while applying the standard precautions of hand-hygiene, the use of a face mask and, physical distancing when engaging with staff.

The house itself had presented well at the time of the last inspection but the inspector noted that it was more homely. For example, there were many pictures on display including artwork completed by a resident that had been framed and hung by staff. There was evidence of board games and other table-top activities and, garden furniture was provided on the rear patio. The person in charge described how the presentation of the house had developed in response to COVID-19 restrictions as staff were very aware that residents were spending more time in the house.

The inspector saw that the provider had installed the fire-resisting door that was needed at the time of the last HIQA inspection and, had fitted self-closing devices to all such doors. A combination of devices were used particularly on the ground floor so as to enhance accessibility for residents. The person in charge described the monitoring of these devices to ensure that they operated as intended. The provider had fire safety arrangements that suited the purpose and function of the service. For example, simulated drills were frequent so that each person (approximately 17) availing of respite had the opportunity to participate with staff in a simulated drill.

The person in charge described how the service continued to work with families and, the day service so that the respite service operated safely in the context of COVID-19. Arrangements such as managing occupancy, the same staff supporting residents both in the day service and the respite service, and, monitoring resident well-being all reduced the risk of the accidental transmission and onward transmission of COVID-19. The person in charge reported that these arrangements were working well and did not impact on access to the service or equity of access.

These arrangements not only kept residents, families and staff safe, but also meant that residents received a seamless service, consistency and continuity of support. The scope of responsibility of the person in charge meant that she had management

authority and oversight of both the respite and day service; this arrangement supported effective governance.

While the inspector did not meet with any residents or representatives, the arrangements described above provided assurance that the resident, their safety and, the quality of their respite break was at the centre of the operation of this service. The inspector also noted that residents and their representatives were invited by the provider to provide feedback on the service. Residents reported that they loved coming to the house and enjoyed their respite breaks. Representatives rated the service as good or excellent and said that they were consulted with and listened to.

The person in charge described how residents had choice in their staff support and, in the activities that they availed of during their respite break. When staffing the house it was endeavoured to match resident choices and interests with the staff supporting them. For example, if residents wanted to be active and out and about or, wanted to spend some quiet time in the house. On reviewing the staff rota the inspector saw this consistency and the same staff member generally supported the same resident/residents.

Continuity was also noted in the personal plan which was a shared record between the day service and the respite service. The role of the service, for example in progressing personal goals and objectives was specified in the plan and, in the narrative notes created by staff.

In summary, the inspector concluded that the residents were at the centre of the operation of this service. The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements ensured the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its stated aims and objectives. The service was effectively overseen and, any data collected, for example from internal reviews and HIQA inspections, was used to improve the quality and safety of the service. The provider achieved and sustained a high level of regulatory compliance in this centre.

As stated in the opening section of this report the operation of this service was based on 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. The governance structure was aligned to the model of service delivery and, this ensured clear lines of communication, accountability,

responsibility and, authority. For example, the person in charge had oversight of both services in her substantive role of community services manager and, while there were delegated functions, the person in charge had line management autonomy and authority to ensure the effective governance of these services. Delegated functions included for example the completion of staff supervisions. The person in charge assured the inspector that she maintained oversight of these, was advised if any matters or concerns arose and, confirmed there were no concerns arising.

On discussion with the person in charge of any queries arising during this inspection such as, the functioning of the fire-resisting doors, risk assessments and, staff training, it was evident that there was adequate oversight of all of these areas. The inspector did recommend some improvement in documentation so as to better reflect this oversight.

The inspector saw that since the last HIQA inspection the provider had completed the annual review of the service and, the six-monthly reviews had also been completed on schedule. The findings of these reviews were satisfactory, reflected a good service and a well managed service. Actions for improvement were minimal and were, based on these HIQA inspection findings, progressed and completed. For example, it had been recommended that each resident accessing the service should have an isolation plan in the event of suspected or confirmed COVID-19 and, these were in place.

Staffing arrangements promoted consistency and continuity for residents, families and, staff. The same staff team worked in both the day service and the respite service. Having the same staff team in both services meant that staff and residents were well known to each other. Information in relation to each resident, their needs, supports and preferences was discussed and managed by the same staff and management team. Staffing levels were matched to the occupancy, needs and choices of residents. There was normally one staff on duty at all times and currently, the maximum occupancy was two residents on respite at any one time. The inspector reviewed the staff rota and found consistency of staffing and consistent staff arrangements with the same staff supporting the same residents during each planned respite break.

The inspector reviewed and discussed staff training records with the person in charge and the social care worker. Some refresher training was due, this was booked or planned. There were still some challenges to providing face-to-face training such as first aid training as numbers were limited in response to infection prevention and control requirements. Staff had completed on-line training in lieu for example safeguarding and, responding to behaviour of concern training. The inspector did discuss how the training matrix could be developed to capture the different formats of training utilised by staff so that it was evident from one record what measures were taken to keep training needs updated.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced manager who met the requirements of the regulations in terms of qualifications, skills and experience. The person in charge was, based on discussion and records reviewed, actively involved in the planning, 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.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were matched to the occupancy, needs, abilities and choices of residents and, there was normally one staff on duty at all times. Staffing arrangements promoted and supported continuity and consistency for residents, staff and families.

Judgment: Compliant

Regulation 16: Training and staff development

While there some scope to improve the format of the training template, staff attendance at baseline and refresher training was monitored. Training that was due was booked or planned.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector were available and were well

maintained. For example there was a planned and actual staff rota and, a record of each fire drill completed. The information needed to inform and validate the inspection findings was readily retrieved from the records.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted evidence of having an appropriate contract of insurance with it's application seeking renewal of registration.

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 service delivery, ensured appropriate and consistent oversight and, a clear line of authority and accountability for the management and oversight of the service. These arrangements supported the delivery of a safe, quality, resident focused service. The provider had systems that consistently and effectively monitoring the appropriateness, quality and safety of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information and, was an accurate reflection of the centre and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements in place that ensured HIQA was notified of certain events and incidents. For example, the provider had submitted nil returns and, this would concur with the low level of assessed risk in the centre and, the log of accidents and incidents seen by the

inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

How to complain and who to complain to was prominently displayed. There were no open complaints. The inspector saw that internal systems monitored the receipt and management of complaints. Representatives who responded to the provider's request for feedback reported good communication with staff, they said they could raise queries and, they were listened to.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, the inspector was assured that this respite service was operated and managed in a way that provided each resident with an individualised, safe, quality respite service. Residents enjoyed their stay in the respite house and, the support provided contributed to the plan for their overall well-being and development.

The personal plan guided the support provided. The plan was a live document that followed the resident as they transitioned between the day and respite services. This supported continuity and consistency of support. The inspector reviewed two personal plans and found them to be very individualised with evidence of consultation with residents and their representatives. The inspector noted that the recommendation made at the time of the last HIQA inspection to develop the respite dimension of the plan had been acted on. This was particularly evident in the personal goals and objectives section. Staying in respite was seen and used as an opportunity for residents to develop the skills needed to be more independent in day-to day living. For example, grocery shopping and meal preparation. Respite supported residents to maintain and develop friendships with peers. When residents shared the respite house it was with peers that they liked and, with whom they shared similar interests. The narrative notes created by staff reflected support that was in keeping with the aims and objectives of the personal plan.

Residents ordinarily lived at home and, resident health and well-being was managed and supported by family. In the personal plan staff had the information that they needed to provide the necessary care. The inspector saw that the inconsistency noted between records and plans at the time of the last inspection had been corrected. Staff had access to a current prescription record where there were

prescribed medicines. The administration record reflected the instructions of the prescription and, there were systems for monitoring the transfer of medicines between the day and respite services.

At the time of the last HIQA inspection the inspector found that following their suspension, respite services had recommenced guided by local and national guidance. Many of the controls designed to prevent the accidental introduction of COVID-19 remained in place while the protection offered by vaccination was reflected in the calculation of the residual risk. Controls included managing the overall occupancy so as to maximise space, reduce footfall and, minimise crossover of residents and staff. Resident well-being was established prior to and during each respite stay and, there was ongoing communication with families to ascertain any possible risks. The house was visibly clean and the social care worker described the cleaning and sanitising procedures undertaken in the house during and after each respite stay. All staff had completed a suite of relevant training including hand-hygiene, the correct use of personal protective equipment and, how to break the chain of infection. There were contingency plans for responding to any suspected or confirmed COVID-19. There had been no requirement for these plans but the person in charge confirmed that they had been practiced, that they were practicable and, their implementation was supported by the facilities offered in the house.

The inspector saw that there was an active risk register that set out identified hazards and their management. In general, given the assessed needs and abilities of the residents, with the exception of COVID-19, there were no identified high risks. A review of the accident and incident log indicated a very low level of incidents occurred in the centre. Effective governance also minimised risk by the provision of adequate resources, the provision of suitable premises, effective fire safety arrangements and, having arrangements that were suited to the needs of each resident. Where there was an identified risk, overall, there was a corresponding risk assessment. For example, for road safety or safe use of social media and Internet activity. There were risk assessments and controls for residents to safely access community based services and amenities and, residents were supported to develop their skills in hand-hygiene, physical distancing and if possible, using a face-mask. The rationale for not using a device to alert sleepover staff was discussed with the person in charge. The inspector did advise that while there was a subjectively assessed low-level of risk that would indicate such a device was not needed, this should be set out in an objective, explicit risk assessment.

The provider had effective fire safety arrangements that were suited to the service provided. The provider had addressed the actions from the last HIQA inspection. The premises was fitted with a fire detection and alarm system, emergency lighting and fire fighting equipment. The inspector saw records confirming 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 attending the service and, the staff supporting them participated in a drill. This was evident in the records seen by the inspector as was the range of scenarios used such as day and night and, differing occupancy levels. The person in charge described the monitoring of the working of the self-closing devices and corrective actions taken as needed to ensure that the devices fully closed the fire resisting

doors.

Regulation 10: Communication

Most of the residents attending the service were effective verbal communicators. The personal plan set out any support needed to maximise effective communication such as allowing the resident sufficient time to process the information given.

Judgment: Compliant

Regulation 11: Visits

As residents ordinarily lived at home and spent short periods in the centre, visits to the centre were minimal. There were procedures for ensuring that visits that did occur were safely facilitated in the context of COVID-19.

Judgment: Compliant

Regulation 13: General welfare and development

Based on the records seen by the inspector each respite break was individualised to the needs, abilities and choices of the residents. Residents had the opportunity to share their respite break with a chosen peer and, to participate in activities and social events of their choosing. For example, residents enjoyed outdoor walks, barbecues and, a recent trip to the cinema.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the premises was suited to a range of needs including higher physical needs. The premises was well maintained and well presented. Residents had access to a private, spacious and secure rear garden.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The identification, assessment, management and ongoing monitoring of risks ensured that residents received a safe service. Effective governance minimised the level of risk that presented risk by the provision of adequate resources, the provision of suitable premises, effective fire safety arrangements and, having arrangements that were suited to the needs of each resident.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had infection prevention and control policies, procedures and, practice based on risk assessments, local and national guidance. All staff had completed a range of relevant training and, residents were supported to develop the skills they needed to keep themselves safe from the risk of COVID-19. The respite service, day service and families worked together so 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

The provider had suitable fire safety arrangements including procedures for the evacuation of residents and staff from the centre in the event of a fire or other such emergency. The provider had addressed the actions from the previous HIQA inspection.

Judgment: 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 in the development and review of the plan. The plan followed the resident as they transitioned between the day and respite services; this ensured continuity and consistency of support.

Judgment: Compliant

Regulation 6: Health care

Staff had the information needed, including a current legible prescription, to provide the care that residents needed during their respite stay.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. The person in charge said that residents were always happy to come to the house, enjoyed their respite stay and, there were no concerns for resident safety. The person in charge called unannounced to the house when residents were there and, described observing easy and relaxed routines.

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. Residents could choose which bedroom they wished to use and, had input into the staffing arrangements. Those staffing arrangements sought to maximise the compatibility of residents and staff so that residents enjoyed their stay in respite. The narrative notes created by staff were respectful and, reflected reasonable routines such as the times for going to bed and, getting up. Residents had access to the advocacy service through the day service.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant