



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

Issued by the Chief Inspector

Name of designated centre:	Breaffy Haven Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0008198
Fieldwork ID:	MON-0036598

About the designated centre

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

Breaffy Haven Service can provide a residential support service to three male and female adults over the age of 18 who have a diagnosis of moderate to severe intellectual disability. The service can also support people with a secondary diagnoses including mental health, neurological conditions and dementia. Supports can be provided 7 days per week based on the assessed needs of each person. Breaffy Haven Service is a detached house which is located in the heart of Swinford town, close to all the town amenities. This home has 3 bedrooms with access to two large accessible bathrooms. There is a large communal space which incorporates the kitchen, dining and lounge areas. There is a separate utility room with laundry facilities. The house also offers a second sitting room for residents. There is an enclosed patio area to the rear of the property. The centre is a fully accessible with level access internally, wide corridors and doorways, and accessible bathrooms. There is a wheelchair accessible vehicle assigned to the centre. Residents are supported by a staff team that included social care workers, nurses and care assistants, who are available to support residents both during the day and at night time. Social support ensures that people supported can access community and social outlets such as shopping, educational events, concerts, sporting events dependent on the expressed wish of each person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 25 October 2022	11:30hrs to 16:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in this centre, the person in charge and staff on duty, and also viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were well supported with their healthcare needs, and were involved in activities that they enjoyed. The residents also lived in a comfortable, home-like environment. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

The centre consisted of one house and could provide full time residential services for up to three adults. The centre was very centrally located, with town facilities such as restaurants, leisure facilities and a shopping centre, nearby. Transport was available so that residents could go out for drives, shopping, family visits and to attend local amenities.

This is a new centre, which had been established for a specific group of residents, and was laid out and equipped to meet their specific needs. Suitable facilities, furniture and equipment was provided to meet the needs of these residents. There was internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, a well-equipped kitchen, separate laundry and utility area, and sufficient bathrooms. All residents had their own bedrooms, and some residents were happy for the inspector to see their rooms. These bedrooms were comfortably decorated, suitably furnished and equipped, and personalised. Colour schemes and decor were varied and had been chosen by residents in line with each person's preferences.

The centre had an enclosed garden for residents' use. The garden was tidy and well-maintained and had a combination of lawn and paved areas. Hand rails were fitted along pathways to ensure that this outdoor area was safe and accessible. The person in charge explained that they had more work to do with the outdoor areas, and described garden projects that were planned for the coming summer.

Some residents were retired from attending day services and received a home based service. Others had the option of receiving a home based service or going to day service activities and they liked to go to day services a day or two each week. While based in the centre, staff supported residents to take part in activities that they enjoyed such as art projects, some basic household tasks, music, outing and shopping. Residents could have visitors as they wished, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places. As the centre was new, arrangements were being made to hold a celebration in the

near future, to which residents' families and friends would be invited. It was planned to have a Mass said in the centre and to serve refreshments.

The inspector met with the three residents who lived in the centre, all of whom spoke to the inspector about their lives there. As this was a new centre all residents had transitioned there from other services and they told the inspector that they had settled in well and loved living in their new home. They also said that they all got along well together. Residents expressed a high level of satisfaction with all aspects of living in the centre. These residents were complimentary of staff, stating that they provided a high level of care and support.

It was clear that residents trusted the staff and knew who was in charge. They said that if they had any complaints or concerns, they would tell staff and it would be addressed. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. Residents spoke about their favourite foods and confirmed that these were always prepared and were enjoyed. On the day of inspection three different meals were being cooked to ensure that each resident would have their preferred meal.

Throughout the inspection residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. During this time, staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, concerts, trips to Knock, shopping, beauty treatments and visits with their families. Residents told the inspector that they particularly liked going shopping. During the morning of the inspection residents went out shopping with staff and visited a coffee shop for refreshments. On their return, they showed the inspector their purchases which they were very happy with.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection, it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard. However, some minor improvement to operational

policies was required.

There was a clear organisational structure in place to manage the service. The person in charge was based in the centre frequently, worked closely with staff and with the wider management team, and was very knowledgeable regarding the individual needs of each resident. It was clear that residents knew the person in charge. There were arrangements to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport for residents to use, access to Wi-fi and televisions, and adequate staffing levels to support residents' preferences and assessed needs.

Arrangements were in place for the review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. The person in charge had developed an annual audit schedule and a range of audits were being carried out in line with this plan. These included audits of medication management, complaints, finance, health and safety, cleaning and restrictive practice. The provider was aware of the requirement to carry out six-monthly audits of the service in addition to an annual review. As this was a new centre, an annual review was not yet due, but the first unannounced audits had been completed. Audit records showed a good level of compliance and any identified issues were being promptly addressed.

There were suitable measures in place for the management of complaints. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Although there had been no complaints about the service, there had been one complaint made which was about an issue external to the service. This issue had been recorded, investigated, actioned and suitably resolved. Information about how to make a complaint was displayed in the centre in a format that was easy for residents to understand. All staff had received training in effective complaints management, and complaints were being audited monthly.

Records viewed during the inspection, such as food and nutrition, healthcare and personal planning records, were informative and up to date. There was an up-to-date statement of purpose which described the service being provided, was being reviewed as required, and was available to residents and or their representatives. The provider had agreed in writing with each resident, the terms on which that resident shall reside in the designated centre, and residents had signed these agreements to confirm that they were satisfied with these arrangements. The provider had also developed a directory of residents which included the required information relating to each resident who lived in the centre.

Overall, the policies required by schedule 5 of the regulations were available to guide staff and were up to date. Although all the required policies were available and accessible, some minor improvement was required to some policies. The communication policy had not been reviewed within three years as required by the

regulations. It had recently become out of date, although there was evidence that the provider had started the process of reviewing this policy. The complaints policy also required review as it did not provide clear guidance on the provider's appeals process, or how a complainant would be informed of the appeals process.

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, with care staff available to support residents at all times and access to nursing care as required. Planned staffing rosters had been developed by the person in charge. These were being updated to reflect actual arrangements as required and were accurate on the day of inspection.

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles, such as infection prevention and control, cyber security awareness, healthcare waste management and hand hygiene. There was a training schedule to ensure that training was delivered as required. A range of policies, including all policies required by schedule 5 of the regulations, were available to guide staff. A range of guidance documents, the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, were also available to guide staff and the standards made under the regulations were also available to guide staff.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge of the designated centre. The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received a range of training including mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the statement were readily available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had good arrangements in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and, overall, were up to date. However, the communication policy had recently become out of date and had not been reviewed within three years as required by the regulations. The complaints policy also required review as it did not provide clear guidance on the provider's appeals process, or how a complainant would be informed of the appeals process.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred support and a good level of healthcare. There were measures in place to ensure that the wellbeing of residents was promoted and that residents' general welfare, and social and leisure interests were well supported. Residents received person-centred care that enabled them to be involved in activities that they enjoyed. However, to ensure the ongoing effectiveness of the personal planning process, some improvements to documentation of personal planning records was required.

Residents were supported to take part in a range of social and developmental activities both at the centre, at activity hubs and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

The centre was a a large single-storey house in a rural town with a variety of amenities and facilities in the surrounding areas. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. Transport and staff support was available to ensure that these

could be freely accessed by residents. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, visiting families, gardening, cinema, arts and crafts, and music. The residents liked going out for walks and drives in the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable, well maintained and free from clutter. Communal rooms were tastefully decorated with pictures and photos, a high standard of furniture and soft furnishing, art and light fittings, and the kitchen was well equipped and bright. As Halloween was approaching, the centre had been tastefully decorated, both internally and externally, with Halloween decor. All residents had their own bedrooms, all of which were comfortable and personalised. There were adequate bathrooms in the centre to meet the needs of residents. Bathrooms were spacious, accessible and well-equipped. Bathroom walls were tiled and floors were finished with impervious materials, which could be easily cleaned. The provider had been mindful of future-proofing the centre to ensure that residents could be supported in their needs changed at a later date. All bedrooms and bathrooms were structured to allow installation of tracking hoists if required in the future.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Overall, residents' personal planning information was informative, suitably recorded and readily accessible. However, some improvement was required as some aspects of the plans did not include sufficiently clear information of how each resident's assessed needs would be met. While staff who spoke with the inspector were very familiar and knowledgeable about residents' care needs, this was not consistently reflected in personal plans. This presented a risk that new or unfamiliar staff may not have access to appropriate information to guide practice.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles. Nursing staff were employed in the centre to oversee and monitor the clinical needs of residents. All residents had access to a general practitioner of their choice, as well as to a range of healthcare professionals as required. Residents were also supported to take part in national screening programme checks as they wished. Some residents had attended these services while some had declined. Residents were supported to access vaccination programmes if they chose to.

Residents' nutritional needs were well met and suitable foods were made available to meet residents' needs and preferences. Nutritional assessments were being carried out and plans of care had been developed accordingly. Residents' weights were being monitored and support from dieticians and speech and language

therapists was available as required. Residents told the inspector that they were involved in food shopping and meal planning. They also said that they really enjoyed the meals that were supplied in the centre.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide for residents which was presented in an easy-to-read format.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service as stated in the statement of purpose. The centre was well maintained, clean, spacious, and comfortably decorated and furnished, and suited the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose and took part in shopping for their own food with appropriate support from staff. This ensured that residents had meals in line with each person's individual preferences.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of the health, personal and social care needs of each resident had

been carried out, and personal plans had been developed for all residents based on their assessed needs. However, some personal plans and care plans were not documented in sufficient detail to guide practice.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of the resident had been comprehensively assessed and there was good access to a range of healthcare services, such as a general practitioner, healthcare professionals, consultants and national screening programmes.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Breaffy Haven Service OSV-0008198

Inspection ID: MON-0036598

Date of inspection: 25/10/2022

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Communication policy is currently under review and will be released in the coming weeks.</p> <p>Complaints policy – This has been escalated to Area Manager and Director of Services and when reviewed should provide clear guidance on the provider's appeals process, or how a complainant would be informed of the appeals process.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All personal Care Plans will be reviewed by the PIC and CNM2 in the coming weeks. They will be reviewed at least quarterly moving forward by the key workers and the staff Nurse we have as part of the staff team.</p>	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2022