



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:	13 April 2023
Centre ID:	OSV-0008198
Fieldwork ID:	MON-0039815

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 seven 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 three 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 includes 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 and 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
Thursday 13 April 2023	12:00hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector spent time in the company of residents and observed the care and support interactions between residents and staff at intervals throughout the day. The inspector spoke with residents who lived in this centre and staff on duty, and also viewed a range of infection control documentation and processes.

The centre consisted of one house and could provide full time residential services for up to three adults. This centre was centrally located within walking distance of a rural town, which gave residents good access to a wide range of facilities and amenities.

The centre was designed and equipped to meet the specific needs of the people who lived there and provided them with a safe and comfortable living environment. The centre was spacious, tastefully furnished and decorated in a comfortable, domestic style which created a very homely atmosphere. There was comfortable furniture, soft furnishings, and artwork, as well as fully-accessible spacious bathrooms, and wide corridors. Hand rails were fitted along external pathways to ensure that the outdoor area was safe and accessible. Furthermore, bathroom walls were tiled and floors were finished with impervious materials, which could be easily cleaned. Other wall and floor surfaces in the building were smooth, durable, readily cleanable and well maintained. There was also a separate utility room with laundry facilities.

The inspector met with all three residents who lived in the centre, two of who were happy to discuss their lives there. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff who provided them with good care. Residents told the inspector that they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. These residents knew who was in charge in the centre, and they said that they trusted the staff. Resident also said that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that they were supplied with the meals that they liked. They also said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this.

As this was a home-based service residents had choices around doing things in the centre, attending a local activity hub or going out to do things in the community. 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 centre had dedicated wheel-chair accessible transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do

activities of their preference. On the day of inspection, some of the individualised activities that resident chose included shopping, going to the local pub for a drink, relaxing in the garden in the sunshine, going out for a drive, watching an online concert and helping with some housework in the kitchen. One resident also received and spent time with visitors, while another told of having been out to the hairdresser the previous day to have their hair styled.

Throughout the inspection, all three residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences.

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 management team and staff prioritised the wellbeing and quality of life of residents.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service in relation to infection prevention and control. While this inspection identified many good infection prevention and control practices, there were some areas for improvement, which will be discussed in the next sections of this report.

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, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19. However, some improvement was required to various aspects of infection control documentation and cleaning guidance to ensure that this standard would be maintained.

There was a clear organisational structure in place to manage the service. There was a person in charge who was responsible for the management of two designated centres in the area. The person in charge worked closely with residents, staff and with the wider management team. There were arrangements in place to support staff and to access the support of senior managers 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, and for effective infection control management. These resources included the provision of a suitable, safe and comfortable environment,

sufficient numbers of suitably trained staff to support residents, and adequate supplies of personal protective equipment (PPE), cleaning materials and equipment. There was a plentiful supply of face masks, which were being used in line with national infection control guidance.

Staff were informed of infection control protocols and practices. Staff had received training in various aspects of infection control, such as training in healthcare waste management, hand hygiene, and infection prevention and control.

There were measures in place in the centre to control the spread of infection and to reduce the risk of COVID-19 infection. This included adherence to national public health guidance and development daily cleaning schedules. There was a wide range of information about COVID-19 available to inform staff and guide practice. However, some guidance on cleaning and laundry processes required strengthening to ensure that a good standard of infection control would be maintained.

Overall, the provider had also ensured that a range of guidance documents, policies and procedures were available to inform staff of best infection control practices. However, the provider's infection prevention and control and cleaning protocol required improvement as the guidance on the management of potentially infectious laundry, and on cleaning processes, was not sufficiently clear to inform practice. The infection control policy was also out of date.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. However, the contingency plan required improvement, as it did not include evidence that residents' capacity to isolate had been assessed, although the person in charge was very clear about how this would be managed in line with residents' preferences and needs.

The systems for reviewing and monitoring of infection control in the service required improvement. There was no evidence that unannounced audits were being carried out twice each year on behalf of the provider. As the service was just a year in operation, an annual review of the service had not yet taken place.

A detailed infection control audit had recently been completed in the centre by two external staff and the person in charge had received the outcomes of audit on the day of this inspection. While the audit did not give rise to a clear action plan, the person in charge explained their plans to ensure that any negative audit findings were followed through and addressed.

There was a policy in the centre, which included guidance on sharing information about residents' infection status in the event of any resident transferring from the centre.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Residents lived in a clean, comfortable environment, although there were some minor cleaning tasks were required to ensure that this standard would be maintained. Improvement to cleaning records and guidance on laundry processes was also required.

The centre was a single house, in a rural town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants in the town. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee and restaurant meals, housekeeping tasks, table-top games and crafts, beauty treatments and music. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. There was also a well maintained and furnished accessible garden where residents could spend time outdoors.

During a walk around the centre, the inspector found that it was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The kitchen was bright and comfortable, and were well equipped with readily cleanable and suitable equipment for cooking and food storage. The house was kept in a clean and hygienic condition throughout, although some glass and mirrors were streaked and required to be cleaned. Wall and floor surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious materials which could be easily cleaned.

Information about infection control had been supplied to residents in a user-friendly format. Residents were supported to access vaccination programmes if they chose to, and were assisted to make informed decisions about whether or not to become vaccinated. Staff were also monitoring residents' health indicators including temperatures daily.

Cleaning schedules had been developed to manage the centre's hygiene requirements, and staff members carried out the required daily cleaning tasks. This included daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Wheelchairs and assistive were also included in a cleaning plan and were found to be visibly clean on the day of inspection. However, while a detailed cleaning schedule had been developed, some areas such as glass and mirrors were not included in the schedule.

The centre had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice. A supply of cleaning equipment and materials was provided, with specific colour coding for high risk areas such as bathrooms. There was a plentiful supply of cleaning materials such as sanitising solutions, wipes and cloths. There was a colour-coded flat mop system in use. However, although yellow mops had been identified for use in any isolation room, there were no yellow mops available in the centre. At the time of inspection, there was no isolation in place as all residents were well and free from any infection. Furthermore, there was no guidance available to advise staff on the process for cleaning, storing and managing used mop heads.

There were good waste management arrangements in the centre which increased infection control safety. Refuse collection was supplied by a private contractor and bins were suitably and hygienically stored while awaiting collection.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished, and for them to visit family and friends in other places. This was happening during the inspection, as a resident had family call in for a visit.

Regulation 27: Protection against infection

There were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was well maintained, had been refurbished with durable, easily cleanable surfaces, and was maintained in a clean and hygienic condition. However, improvement to some guidance documentation was required to ensure that the overall quality of infection prevention and control would be maintained.

The areas for improvement included:

- the infection control contingency plan was not up to date, and did not include the individualised arrangements for each resident in the event of isolation being required
- there was no evidence that unannounced audits of the centre, which were being carried out every six months on behalf of the provider
- the infection control policy was out of date
- while the external audit clearly stated areas where deficits were found, no documented action plan had been developed to address these issues
- there was insufficient guidance on the cleaning processes to be used in the centre, including for the management and cleaning of infectious spillages, and for the laundering of used mop heads and cloths, and the storage of cleaning equipment
- although yellow mops had been identified for use in any isolation room, there were no yellow mops available in the centre

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Breaffy Haven Service OSV-0008198

Inspection ID: MON-0039815

Date of inspection: 13/04/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Infection control contingency plans have been devised for each resident outlining individual arrangements should isolation be required.</p> <p>A Regulation 23 inspection was carried out on April 14th 2023 and is next scheduled to take place in October 2023.</p> <p>The national Infection and Prevention and Control policy is under review and due to be published this month. The Community Nursing Team will review this policy and adapt this document for the service.</p> <p>Action plans have been included in the IPC audits and a timeframe for completion of actions given. A follow up IPC audit took place in the centre on April 19th 2023. All staff working in the centre are aware of IPC audit and timeframe for completion of actions. All signage identifying yellow mops have been removed from the centre.</p> <p>The cleaning schedule in the centre has been amended to ensure all areas which may have been previously missed i.e. glass/mirrors are included.</p> <p>Guidelines on the management and cleaning of infectious spillages, and for the laundering of used mop heads and cloths, and the storage of cleaning equipment are now available in the centre.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	05/06/2023