



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

Issued by the Chief Inspector

Name of designated centre:	Breakfree Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	06 November 2024
Centre ID:	OSV-0002031
Fieldwork ID:	MON-0044535

About the designated centre

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

Breakfree Lodge provides a full-time and respite service to a maximum of three adults with a physical disability. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction. Residents have access to day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to have the arrangements in place to meet these needs. The premises is a bungalow style property located in a rural but populated area and is a short commute from a broad range of services and amenities. Each resident has their own bedroom. One bedroom has universally accessible ensuite facilities. Residents share communal, kitchen, dining and bathroom facilities. The model of care is social but given residents' assessed needs the staff team is comprised of social care and nursing staff under the guidance and direction of the person in charge. Ordinarily, there are two staff on duty during the day and during the night. Staffing arrangements are altered, depending on the mix of residents in the centre at any one time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 6 November 2024	09:45hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's level of compliance with the regulations. There were challenges in the service as the provider reported that it had tried and continued to try to recruit staff but these recruitment initiatives were unsuccessful. However, the provider demonstrated a good level of compliance with the regulations and residents met with gave a very positive account of the service they received.

Two residents live in this designated on a full-time basis and a respite service is provided to a small number of residents on a planned basis. One resident attends for respite at any one time meaning that a maximum of three residents are present in the designated centre. This occupancy is in line with the conditions of registration of the designated centre. The designated centre is operated from a single storey premises that has been modified to meet the needs of wheelchair dependent persons such as the width of doorways and circulation areas and modification of the kitchen units so that they are at a height suited to wheelchair users. One full-time resident has access to their own accessible ensuite bathroom. The main bathroom is also suitably equipped and is shared by the other full-time resident and residents availing of the respite service. The designated centre is located in a rural but populated area and is a relatively short commute from the busy main town. Residents have daily access to transport suited to their needs.

This inspection was unannounced. On arrival, the inspector was greeted by the clinical nurse manager one (CNM1) and the person in charge, there were two other members of staff on duty. The person in charge confirmed that both full-time residents were present in the house and there was no resident availing of a respite break. The regional manager of adult services came to the designated centre to attend verbal feedback of the inspection findings.

Both residents were in great form and welcomed the inspector who was known to them from previous inspections of the centre. Both residents spoke with the inspector at intervals throughout the day about a broad range of topics including their care and support. Residents have a good understanding of the role of HIQA and the role of the inspector. Residents can, will and have raised concerns about the quality and safety of their service if they have concerns.

Both residents have lived together in the designated centre for many years. Both residents individually and collectively gave very positive feedback to the inspector about their service. Both residents said that they loved living in Breakfree lodge and described themselves as "very lucky" to have the attention and support from the staff team that they had. One resident said that they were never left waiting and their needs were always promptly attended to by staff. The atmosphere in the house was easy and pleasant as staff attended to residents' needs, came and went from the centre with one resident to attend an appointment and to do some

shopping or, sat and chatted together in the main kitchen.

Residents discussed how they had watched with interest the results coming in from the American presidential election and both residents confirmed that they planned to vote in the anticipated national elections. Both residents described how much they admired Uachtarán na hÉireann and said that they would love to meet him.

There was great excitement in the afternoon as the Liam MacCarthy cup was brought to the centre. One resident had donned a county t-shirt and sweatshirt for the occasion and there were great cheers of "up the banner". There was laughter and easy banter as the inspector who was from Cork was given the opportunity to hold the cup.

While residents had different plans for the occasion both residents were looking forward to Christmas and had trips planned to go and do some Christmas shopping.

Overall, the inspector found that residents had good control and made their own decisions about how they spent their days. Both residents could if they wished attend the providers nearby day service and one resident said that they were attending and enjoying a cookery class there. The resident liked to eat out once a week and listed the local restaurants that they liked to visit. The resident discussed their plans to attend an upcoming concert in Killarney featuring their favoured musician. The other resident told the inspector that they had spent the previous day with family, said they had a great day and had not returned to the designated centre until after 21:00hrs. Both residents liked the location of the house as they could access a range of amenities and events in the nearby town such as shops and the concert and events centre.

The person in charge could clearly describe how they planned, managed and maintained oversight of the designated centre in conjunction with the CNM1. It was evident from these discussions that residents were consulted with, were listened to and, had good input and reasonable control over the general operation of the service as well as their own personal routines. For example, the inspector saw records of meetings held between the residents and the management team in relation to how best to manage the delivery of both a residential and respite service in the house. Residents were afforded the opportunity to meet and speak with other stakeholders such as representatives of the providers funding body as part of this process. Overall, the inspector found that reasonable and mutually agreed arrangements were put in place such as the planned respite calendar and consistency with regard to the persons who availed on the respite service.

The CNM1 described how residents had control over and managed many aspects of their own care such as making appointments with their general practitioner (GP). One resident was delighted to show the inspector the height adjustable controls of their new wheelchair. The resident said this was a great help when for example, eating out. Both residents had a very informed discussion with the inspector in relation to their postural supports and wanted to know from the inspector why staff had to maintain records of their use. During this discussion residents demonstrated a good understanding of their personal safety, consent, and their own ability to

release the devices. One resident told the inspector that he wouldn't dream of sleeping without the security of bedrails.

The residents and their representatives were also consulted with as part of the provider's quality assurance systems. The person in charge confirmed that questionnaires had been issued to inform the 2024 annual service review and, the questionnaires received in 2023 were on file for the inspector to review. The feedback received was positive.

The provider was open to receiving feedback that was not as positive and could demonstrate to the inspector how it responded to and addressed such feedback.

As stated in the opening paragraph the provider acknowledged that it continued to experience staffing and recruitment challenges and the provider was utilising staff secured from staffing agencies. The person in charge and the CNM1 were also working some front-line shifts. However, staffing arrangements were not consistently and accurately reflected on the staff duty rota.

The house presented as comfortable and generally well maintained. Both full-time residents had comfortable bedrooms that they had decorated to suit their preferences and interests. However, the inspector saw that the provider had not addressed the actions from the last HIQA inspection in relation to improving the facilities for general storage and improving the general accessibility of the house such as the accessibility of the laundry and of final exit doors.

In summary, based on what the inspector observed, read and discussed, including the feedback provided by both residents, this was a well-managed service. The provider was responsive to any concerns raised by residents and representatives. Residents had the support that they needed to enjoy a good quality of life.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the quality and safety of the service.

Capacity and capability

There was a clear management structure in place that operated as intended by the provider. There was clarity on roles and responsibilities. The provider had systems of quality assurance and used these to monitor the quality and safety of the service. However, the provider had not commenced the implementation of its own service development plan. That plan largely related to further upgrading of the premises and included the compliance plan from the last HIQA inspection of this centre. The provider also continued to experience challenges in recruiting staff and this impacted on the planning and maintenance of the staff duty rota.

The day-to-day management and oversight of the service was delegated to the

person in charge supported by the CNM1. They both described to the inspector their delegated duties and responsibilities. For example, the CNM1 maintained oversight of clinical matters while the person in charge maintained oversight of the general operation and administration of the service. However, it was evident from speaking with both of them and from records seen that they were both actively engaged in the management and oversight of the service. For example, in relation to consistently monitoring and managing the staff duty rota given the challenges to staffing and, responding to incidents that occurred.

The person in charge was also responsible for the management of the nearby day service but was present in the designated centre three days each week. The person in charge and the CNM1 generally worked opposite each other so that there was a management presence on site Monday to Friday. When they were not in the designated centre there was a nominated shift leader and staff had access to a manager on-call. The CNM1 discussed with the inspector an example of when staff had used and sought guidance and support from on-call.

The monitoring and oversight of the service was evident from records seen by the inspector such as the log of accident and incidents, the risk register, the management of complaints, the meetings held with residents in addition to the annual and at least six-monthly reviews completed on behalf of the provider. These reviews included consultation with residents, their representatives and, the staff team. In addition, there was documentary evidence that residents had good input into the operation of the service and were met with by the management team and other relevant stakeholders. However, quality improvement plans that issued from provider led reviews and other reviews such as the previous HIQA compliance plan were not fully progressed by the provider.

The person in charge and the regional manager discussed the ongoing challenges experienced by the provider in recruiting staff to fill vacant shifts. Staff provided by staffing agencies were utilised on a regular basis. The person in charge described how they sought to secure the same agency staff so that the residents had continuity of care and support. This continuity was evident from the staff duty rota. The staff rota and the shifts worked by staff had also been reviewed since the last HIQA inspection. However, the staff duty rota did not accurately reflect the staffing levels actually in place and occasions where the CNM1 and the person in charge were required to work as front-line staff.

The inspector requested a purposeful sample of two staff files and these files contained all of the required information and documents such as employment history and evidence of a vetting disclosure. A log was also in place stating that each regular member of staff had been vetted between 2022 and 2024. However, while there was documentary evidence of the efforts made by the person in charge to secure such information with regard to agency staff members they were only in place for one staff.

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. It was evident from records seen that the person in charge maintained a regular presence in the centre and was well known to residents. The person in charge could readily demonstrate to the inspector how they planned, managed and maintained oversight of the designated centre. The person in charge was knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The provider continued to experience challenges to recruiting staff and to maintaining the staffing levels that residents needed. Contingencies put in place in response included the use of agency staff and hours worked by the person in charge and the CNM1. However, the latter arrangement was not included in the staff duty rota. The staff duty rota therefore, did not consistently show the staff members on duty at all times and the hours that they worked so as to confirm that the provider was maintaining the agreed staffing levels. For example, while the staffing levels on the day of inspection were the desired staffing levels (there were three staff members on duty and the person in charge when the inspector arrived at the centre), the staff duty rota for the day was not consistent with the staffing levels and arrangements in place.

Efforts were made to ensure that residents received continuity of care. The inspector saw from the duty rota that the same agency staff worked in the centre on a regular basis.

The inspector saw that an explicit agreement was in place between the provider and the staffing agencies. The agreements set out at a high level the responsibilities of both parties including ensuring staff that were provided to work in the centre had suitable qualifications, experience, proof of identity and met other statutory requirements. The person in charge had made efforts to secure documentary evidence of this, for example, of qualifications and vetting but these records were only in place for one of three agency staff members who regularly worked in the designated centre. Having these records in the designated centre was an action from the provider led review completed in May 2024.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for the staff that were regularly employed in the designated centre. There was a training record in place for each regular staff member listed on the staff duty rota. The inspector saw that there were no training gaps in safeguarding, fire safety, and responding to behaviour that challenged training. Refresher training was due for example in fire safety and manual handling. The inspector saw that the person in charge had a list of the training that was due and some of this training such as fire safety training was scheduled. The staff team had also completed a range of infection prevention and control training and on-line training in human rights. There was documentary evidence in the agency staff member file that was available of suitable qualifications and additional training that included mandatory training. The person in charge described how they worked on increasing team building given the duration of the agency arrangements. For example, agency staff had access to records such as of the staff team meetings and were included in practical training such as the simulated evacuation drills.

The person in charge said that staff were supervised in line with the providers supervision policy. The CNM1 confirmed that they had completed their formal supervision with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. These systems included consistent engagement with residents. There was evidence of effective leadership and management and the provider demonstrated a good level of compliance with the regulations reviewed by the inspector. However, the provider was not fully implementing quality improvement plans including the compliance plan response to the last HIQA inspection of this centre. The implementation of these plans had the potential to improve the appropriateness and quality of the service and, the providers compliance with the regulations. For example, in relation to promoting accessibility and providing facilities that promoted the full capabilities of residents. The provider had developed a service development plan but there was no definitive timeframe for its commencement and completion.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policy and procedures dated January 2024 detailing how applications for admission to the designated centre were assessed and managed.

The procedures included an assessment tool, an appeals procedure and took account of the requirement to protect residents from possible harm from a peer. A resident spoken with confirmed they had been provided with a contract for the provision of services. The resident said that they understood the contract and had signed it willingly. The inspector saw, with the residents permission, that the contract was in place. The contract set out the services and facilities to be provided and the payment structure for these.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector saw that the statement of purpose was prominently available in the centre. The inspector read the statement of purpose and saw that it was kept under review and had been reviewed in February 2024. The statement of purpose contained all of the required information such as the number of residents that could be accommodated, details of the management and staffing arrangements and, the arrangements for receiving visitors. The statement of purpose was very specific on the arrangements for providing the respite service in consultation with the residents who lived in the centre on a full-time basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures for the management of any complaints received. The inspector saw that these procedures were available in the centre. From speaking with residents and from records seen residents and representatives were supported to access and use the complaint policy. The person in charge maintained detailed records of complaints that were received and the actions taken in response including engaging directly with complainants. The person in charge maintained a record of how complaints were resolved and of complainant satisfaction. Residents were offered, if they wished to use them, the support of advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The person in charge had a folder containing the policies required by Schedule 5 of

the regulations. While the inspector did not review the full range of policies any of the policies seen had all been reviewed by the provider within the past three years and were readily available to staff. These included policies on the management of complaints, risk, fire safety, admissions transfers and discharges and, safeguarding residents from abuse.

Judgment: Compliant

Quality and safety

As described in the previous section of this report this centre was managed with a focus on meeting the needs, abilities and preferences of residents. Based on what the inspector read and discussed with the management team and residents, residents had good control over decisions about their care and support, their routines and decisions that were made about the general operation of the service.

The CNM1 described for example how residents made decisions about their care, made appointments with their general practitioner (GP), could refuse interventions and this was respected. Oversight was maintained of resident health and wellbeing, of residents prescribed medications and residents could access if they wished multi-disciplinary supports such as occupational therapy and physiotherapy. The person in charge confirmed that an occupational therapist had completed a recent review of the final exits in the context of the residents assessed needs and abilities.

Both residents had a very informed discussion with the inspector in relation to the safety and postural devices that they used to ensure they were safe and comfortable when seated in their wheelchairs and when in bed. For example, one resident described the night-time sleep system equipment that they used and said that they were happy to use it. Both residents had access to services such as psychology and the person in charge confirmed that support and advice from positive behaviour support services was available if it was needed.

The inspector saw records of regular meetings held with residents where they had meaningful opportunity to be consulted with and to have good and reasonable input into decisions that were made about how the centre was operated. For example, residents were kept informed of the issues arising in relation to staffing and the operation of the respite service.

The person in charge and the CNM1 maintained oversight of incidents, risks and how they were managed and there was evidence of corrective actions taken in response such as feedback to the staff team.

The inspector saw fire safety arrangements such as the provision of a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products. The provider had arrangements for reviewing and assuring its fire safety arrangements. The provider

had previously installed doors in the bedrooms of the two full-time residents to facilitate their evacuation in their bed if they were in bed. There was a personal emergency evacuation plan in place for the residents who lived in the centre on a full-time basis and for the residents who attended for respite. Regular simulated drills were completed to test the procedure for evacuating the centre by day and by night. The CNM1 described how staff participation was monitored so that all staff were familiar with the evacuation plan. The inspector noted from the drill records that regular staff and agency staff participated in these drills. However, the inspector did note that the extent of the emergency lighting and the illumination that it provided was limited to the main evacuation route. The person in charge confirmed that this had been identified during a recent drill.

Regulation 10: Communication

Both residents met with were effective verbal communicators and engaged openly with the inspector at intervals throughout the day. Residents could also choose if there was something that they did not want to discuss and this was respected. Residents were well-informed of local, national and international news and developments and discussed a range of topics with the inspector. Residents had access to and used on a daily basis a broad range of media, personal tablets and the internet. The inspector noted the easy rapport between the residents and the staff members of duty.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have ongoing contact with home, family and friends as appropriate to their individual circumstances. There were no restrictions on visits and privacy for a visit if required could be provided.

Judgment: Compliant

Regulation 13: General welfare and development

The arrangements in place ensured that residents' general welfare was supported. Residents had access to the local community and were also involved in activities and events that they enjoyed. The centre was close to a range of amenities and facilities in the local area and each resident had access to a vehicle that was suited to their needs. The person in charge said that if difficulties ever arose such as not having

staff with authorisation to drive, an accessible taxi was sourced and paid for by the provider. Residents had the choice to attend the nearby day service if they wished but both full-time residents had, since the pandemic restrictions, largely chosen to spend their time in the designated centre and out and about in the community with support from residential staff. One resident was attending and enjoying cookery classes in the day service. From the conversations the inspector had with residents it was evident that residents were happy with the opportunities that they had to be meaningfully engaged, made their own choices in this regard and lived active and meaningful lives going to places and doing things that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The provider had prior to the last HIQA inspection completed a range of modifications such as to the design and layout of the kitchen and the main bathroom. The house was comfortable and well maintained, visibly clean, furnished and decorated in a homely style. Records seen confirmed that recent decoration had been completed and in a way that minimised disruption to the residents. Residents had personalised their bedrooms to reflect their interests and personal circumstances. The inspector saw that residents were provided with the equipment that they needed for their comfort and safety and there were procedures for maintaining oversight of the suitability of this equipment. For example, one resident was delighted with their new wheelchair which was supplied to meet their specific needs and requirements.

However, while the provider had completed a further review of the premises and had a development plan, there was no timeframe for delivering that improvement plan. The plan included the actions that had issued from the last HIQA inspection. This included measures to address the general storage limitations, the compact nature of the laundry and the fact that it could not be accessed and used by the residents and, measures to improve the accessibility of final doors. The inspector again noted that resident care equipment that was not actively in use was stored in the vacant respite bedroom and doors such as the door to the paved external area could only be opened with assistance from staff.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector saw that the person in charge had a folder for residents that contained a range of records and information for residents such as the statement of

purpose, the procedure for making complaints, the arrangements for visits and how to access any inspection reports on the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk. This was evident from the general risk register and the log of incidents that had occurred in the designated centre. The risk assessments reflected the risks that were actively managed in the centre such as the challenges to staffing levels and manual handling risks. The provider-led reviews included a review of incidents that had occurred in the period prior to the review and how they were managed. There was evidence of corrective actions taken as necessary such as a review of the equipment provided to residents, the review of risk management plans and feedback to the staff team. Controls to manage risk were proportionate to the risk identified and there was no evidence of any adverse impact on the choices and routines of the residents. In addition, there was documentary evidence in place of the periodic testing and maintenance of items such as electrical items and the domestic gas installation.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements, procedures for maintaining oversight of these and for testing the centres evacuation procedure. However, the inspector did note that the scope of the emergency lighting was limited to the main circulation route. The inspector asked how effective this was in providing sufficient light in the event of an emergency. The person in charge said that it had been noted that the lighting in residents bedrooms was limited in the event of an emergency particularly given the different items of equipment the residents had and the requirement for example to plug out a residents bed. The person in charge said that they had submitted a request to have the scope of the emergency lighting reviewed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Resident well-being was monitored and residents had access to services that

supported them to maintain their holistic wellbeing. The person in charge confirmed that positive behavioural support could be accessed if needed. Staff had completed training including training in de-escalation and intervention techniques.

The provider had systems for reviewing interventions that could be deemed restrictive. Residents were consulted with, understood why these interventions were in place, confirmed they consented to and were agreeable to the use of, for example, bedrails and postural supports. Residents had a very informed discussion with the inspector about the importance of consent and objective evidence, as in their case, to support the evidence based use of such interventions.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. These measures included safeguarding training for all staff, policy to guide staff on recognising and reporting any suspected or alleged abuse and, intimate and personal care plans for residents. The provider invoked these procedures if concerns were raised and met their reporting requirements to the Chief Inspector of Social Services and the local safeguarding and protection team. The contact details of the designated safeguarding officers were displayed. Residents told the inspector that they felt happy and safe in the centre. There were no active safeguarding concerns at the time of this inspection. The person in charge had completed an audit of the providers safeguarding procedures and aspects of the quality improvement plan were stated to be under development nationally by the provider such as additional policy developments. For example, a policy on supporting resident personal development and relationships.

Judgment: Compliant

Regulation 9: Residents' rights

There was much evidence that residents were actively consulted with, had good input and reasonable control over decisions about their care, their daily routines and the general operation of the service. For example, the inspector reviewed the records of the monthly meetings that were held with residents where matters such as staffing, the findings from the provider led reviews, the respite planner, planning for Christmas and events that residents would like to attend were discussed. Residents views were sought and the provider respected these views and made good and reasonable efforts to meet the preferences and needs of all residents. The CNM1 confirmed that residents could and did make their own choices and decisions and these decisions were respected. Residents were however provided with

information and spoken with so as to help them to make informed and perhaps better decisions. The individuality of residents was respected and promoted but residents also choose to spend time together and to do things together if they wished. Residents were clearly aware of their rights and told the inspector that it was important to them to exercise rights such as their right to vote. Both residents said that they intended to vote in the upcoming national election.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breakfree Lodge OSV-0002031

Inspection ID: MON-0044535

Date of inspection: 06/11/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - The Provider has reviewed vacant shift patterns across two services in an effort to combine these into a full-time permanent role; recruitment for these posts will be ran over the Christmas period and into the new year. To review progress and status of applicants in Jan 2025 - Staff shortages are being covered by Agency. PIC received in by email on the 6.11.24 following a request on that day, the details for 4 Agency staff that are required to meet Schedule2 of the regulations. PIC will request same information for any subsequent agency working in the designated centre, review quarterly. - PIC and CNM1 are written in on the roster when on site. - PIC and CNM1 will oversee that staff are in place at all times to meet the needs of the residents and that a written protocol is in place for the occasions where there is one resident and one staff away from the centre. Completed 29.11.24 - The provider with PIC and CMN1 review systems to ensure effective use of time in managing the service. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will review in December the quality improvement plan to include priority rating of works and timelines for works to be carried out.</p> <p>Updated costings are being sought for the erection of an external structure for storage and laundry use – January 2025. A submission will be made to the HSE to include funding request for same – February 2025.</p>	

Alternative funding solutions to be sought in the event of HSE funding refusal, works to be completed summer 2025.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As above the Provider will review the development plan, apply for funding for the development works to be done which includes the installation of an outside room, for storage and to provide a more accessible space for laundry.</p> <p>Quotes will be sought for other items on the development plan based on order of prioritisation.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Completed – Emergency lights were installed in each of the four bedrooms on the 28.11.24 in consultation with the residents and staff, this has provided sufficient light if an emergency was to arise and safer evacuation of beds.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2024
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Substantially Compliant	Yellow	30/11/2024

	documents specified in Schedule 2.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided	Substantially Compliant	Yellow	31/12/2024

	in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/11/2024