



# 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:	Announced
Date of inspection:	19 November 2024
Centre ID:	OSV-0008198
Fieldwork ID:	MON-0036599

## 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
Tuesday 19 November 2024	10:00hrs to 15:15hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

Overall from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents' rights were upheld, their voice was listened to and they enjoyed a good quality of life and were supported to stay in regular contact with their family and friends. Breaffy Haven is a residential service which provides full-time residential care to three long term residents who knew each other well and had become good friends over the years and got on very well together. The inspector met with the three residents, two staff and the person in charge and observed residents as they went about their daily routines and sat and chatted with them a number of different occasions during the day in the company of staff and on their own. Residents were able to voice their opinions and staff were observed to chat freely with residents. Residents and staff were chatting, laughing and planning on where they would go in the afternoon and if they would have a meal while they were out. Staff clearly knew residents well and had warm relationships with residents. Staff had worked with the residents for a considerable period of time and displayed a great fondness towards the residents. Residents were complimentary towards the staff team. Staff had completed human rights training and the inspector observed positive exchanges and caring respectful interactions between residents, for example assisting each other with preparing to go out for the evening. The inspector observed and residents views supported that this was a centre that had embedded a human rights based approach in the service they provided to residents. The centre ethos was strongly based on the views and inclusion of residents and it was clear that the residents had a major influence on how the centre was run. Residents told the in inspector they were very well looked after by a caring consistent staff team and loved their home. They described how live had got better for them since they moved into Breaffy Haven and they got to decide where they go and what they do on a daily basis and lived in a nicer environment. There was good light in the centre and the design and layout of the house supported accessibility with good turning space for wheelchair users. The kitchen, sitting and dining area was open plan with good space where residents could spend time together or have privacy away from other residents in their bedrooms or in the second sitting room. It also assisted staff with engaging residents in day to day activities as staff sat with residents at the dining table doing activities with residents as other residents and staff were in the kitchen area. The furnishings added to the homeliness of the centre and were comfortable. Two residents told the inspector they have 'whatever we want for dinner and often we all have different dinners'. The staff confirmed that they regularly cook three different dinners according to the choices of the residents. Residents told the inspector when they asked if they felt there could be any improvement made 'no and one resident told the inspector that 'I make sure I miss out on nothing'. Resident's had a pet rabbit and looked after this rabbit with care and attention. They were delighted to show the inspector the rabbit and as it was a cold day were checking her often to make sure she wasn't cold. Residents also had two gold fish which they cared for in collaboration with staff. There was also two bird feeders and a bird table. One

resident who was from a farming background loved to talk about the pets. Residents spoke of how they loved watching the birds and the pets added to the homeliness and ownership of the house by residents. Each resident was supported to complete questionnaires sent to them by the office of the chief inspector in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the questionnaires to all questions asked. Question themes included activities, staff support, people you live with, having your say. Residents responses included "it's nice to live here, it's nice and clean, I am happy living here, the food is good, staff are kind and helpful and I am happy with the people I live with"

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

## Capacity and capability

Overall the findings of this inspection supported that this was a well-managed and well-run centre. Residents reported that were happy living in the centre and felt safe. The Inspector found that there were good governance structures and systems in place to monitor and oversee the quality and safety of care of residents in the service, and as a consequence of this residents enjoyed the provision of a good quality safe service. The person in charge had an auditing system in place and post audits, areas for service improvement were identified and addressed. This announced inspection was undertaken to assess the suitability of this centre for renewal of registration. As part of this inspection the inspector reviewed compliance levels with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013 (The regulations) and found that all regulations reviewed were compliant. Staffing numbers and skill-mix were suitable to meet the residents' needs and staff had up-to-date training to ensure they had the required skills to meet the assessed needs of residents. Other training in addition to mandatory training for example hand hygiene and safe administration of medication had been delivered to staff. An out of hours on call service was available for staff on who to contact should they require assistance relating to meeting resident's needs. The centre was supported by an area manager, a community team and good nursing and social care input as required. Staff meetings occurred regularly and information in relation to the care and support of residents was shared at these meetings.

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

This inspection was to review the renewal of registration of this service. Information is required to be submitted to the Chief Inspector by the provider to complete this process. The provider had submitted all the required information in line with the

required timeframes to renew the registration of this designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed the person in charge in April 2023. They had been team leader in the services prior to this post. They worked full time and were also responsible for another designated centre located in close proximity to this centre. The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and to comply with the mandatory requirements for this post as detailed in the regulations. Regional fortnightly person in charge meetings were held. These meetings provided updates on any changes that they required to be aware of. Minutes were available of these meetings. The person in charge told the inspector that the provider representative was freely available and provided support and supervision to her.

Judgment: Compliant

### Regulation 15: Staffing

On the day of inspection the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. A planned and actual roster was reviewed by the inspector over a three week period and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Consistent agency staff were used for two vacant posts and these posts had been advertised.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of a continuous professional development programme. A staff training matrix was maintained which included details of when all staff had attended training and those that required training and timelines thereto. From the sample reviewed all staff mandatory training was up to date. Staff were in receipt of formal supervision and the person in charge described how staff can meet with them to discuss any issues in between these sessions for informal support and advice. Staff confirmed that the

person in charge was freely available to them. Staff meetings were held on a regular basis and minutes were available of these meetings.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support to residents.

The last inspection of this centre was carried out on the 13 April 2023 and was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. There was one action relating to IPC and the provider had submitted an action plan detailing work they proposed to complete to come into compliance with the required regulation regarding infection prevention and control. The inspector found this action had been completed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been revised in preparation for this inspection and was accessible to residents. It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant



## Regulation 30: Volunteers

The centre had no volunteers at the time of inspection. The person in charge confirmed that if a volunteer was working in the centre they would ensure that their roles and responsibilities would be set out in writing and a copy would be given to the volunteer. They were also aware that volunteers would require garda Siochana vetting prior to commencing volunteering in the centre

Judgment: Compliant

## Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Some of these policies were reviewed by the inspector and they were centre specific and had been reviewed in the last three years.

Judgment: Compliant

## Quality and safety

The inspector found that this was a good service with management systems in place to support staff to ensure a good quality person centred service was delivered to residents. A review of residents' personal plans confirmed that personal plans were person centred. Residents' dignity and privacy was respected with each resident having their own room and bathrooms located in close proximity to bedrooms. Staff spending time with residents in a relaxed and calm manner. The residents were offered choice in their food, daily activities and how they liked to spend their day. Food was home cooked with nutritious food in the fridge. The weekly residents' meeting ensured that residents were able to be involved in the running of the centre. The religious choices of the residents were respected with staff ensuring that residents could choose to attend a religious sermon of their choice in person if they wished. Information was available in the house in an easy-to-read format on areas such as, safeguarding, advocacy and making a complaint. A wheelchair accessible five seater car was available exclusively to this centre to support residents to activities of their choice and to facilitate any medical appointments. This vehicle was domestic in nature and lent itself well to community inclusion and anonymity. Residents spoken with said they had no concerns but if they did they could talk to any of the staff and felt assured that 'staff and the person in charge would sort things'. Staff were quick to respond when residents asked for help.

<b>Regulation 11: Visits</b>
An open door visiting policy was in place where visitors could attend at any time. Suitable facilities were in place for residents to meet with visitors.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The house provided a comfortable home to residents and was clean, bright and well maintained. The house was accessible with level entry front and back doors. There were two large bathrooms which had level access showers thereby providing a safe environment for residents and enhancing autonomy and independent. Due to their location which was away from communal areas and in close proximity to the bedrooms, this assisted to maintain the privacy and dignity of residents as they required to use the communal hall area for a short distance. Corridors were wide to safely support wheelchair use.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The inspector reviewed the personal files of two residents and found that assessments relating to the care and support of each resident was in place with plans in place to meet these assessed needs. Personal plans were person centred and demonstrated good detail of the goals and steps to achieve these. Each resident

had a specific key worker who was primarily responsible for assisting residents to reach their goals. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on resident's choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes were available to them. Comprehensive person centred care plans were in place to support staff to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required positive behaviour support plans had access to specialist behavioural support staff and mental health services. A comprehensive behaviour support plan was in place for one resident. Staff were aware of the contents of this plan and could tell the inspector what they would do if they needed to enact this plan. This was in line with the contents of the plan as reviewed by the inspector This had recently been revived by specialist behaviour staff.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had implemented systems to ensure residents were safe in the centre. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. A consistent staff team were available in the centre and they had developed a trusting relationship with residents where residents would feel safe to report any areas of concern they had. A policy on safeguarding residents was available which all staff had read. Details of the designated officers were available in the centre. The provider had ensured that all staff had Garda Síochána vetting in

place prior to commencement of employment.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant