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## Breffni Cottage, OSV-0003255, 9 May 2018

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# Report of an inspection of a Designated Centre for Disabilities (Children)

Name of designated centre:	Breffni Cottage
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	09 May 2018
Centre ID:	OSV-0003255
Fieldwork ID:	MON-0022063

## About the designated centre

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

Breffni cottage provides respite care for up to five children both male and female who present with an intellectual disability and/or autism. Staffing ratios within the centre are based on the assessed needs of the residents availing of the service. Occupancy and compatibility within the centre is reviewed by the person in charge to ensure the individual needs of the children are met whilst availing of respite. The centre presents as a homely child friendly environment with two large living rooms, an on-site sensory room and large secure garden. Whilst on respite each child is afforded a single bedroom which they can decorate with their personal belongings for their stay if they so choose. The person in charge is full time in their position and governs the centre with the support of the deputy manager and the whole equivalent staff team of 13

**The following information outlines some additional data on this centre.**

Current registration end date:	18/10/2018
Number of residents on the date of inspection:	5

## How we inspect

To prepare for this inspection the inspector or 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
09 May 2018	09:30hrs to 18:30hrs	Laura O'Sullivan	Lead

## Views of people who use the service

The inspector met with all children availing of the service during the course of the inspection. All children spoken with appeared comfortable in their environment and were observed to communicate openly with staff who responded in a friendly professional manner. The children were observed to be relaxed in their environment. Children partook in a range of activities on the day taking into account their individual wishes and preferences.

As part of the inspection process a number of questionnaires were returned to HIQA. These questionnaires gave the service users and families an opportunity to communicate with HIQA if they wished. All questionnaires returned spoke about the service in a positive manner and were complimentary of the service being provided to their child whilst in Breffni cottage.

## Capacity and capability

Breffni Cottage presented as a good service where the registered provider demonstrated a high level of compliance. The capacity and capability of the provider to deliver an effective, safe and quality service was enhanced by a clear governance structure and robust operational management systems. This structure and processes ensured the effective delivery of care provision to service users availing of respite within the centre.

The registered provider had good arrangements in place to facilitate a clear management structure. A suitably qualified person in charge had been appointed, whom was accountable to the local manager. All members of the governance structure had clear accountability and roles within the centre. The registered provider had arrangements in place for the self-identification of issues arising within the centre. An audit schedule was in place to ensure the on-going monitoring and review of service provision. Six monthly provider-led visits and the completion of an annual review ensured that the service was operated in a safe effective manner. Following completion of all audits and/or reviews a robust action plan was developed to ensure any actions required were completed a timely manner.

A monthly audit of service provision was implemented by the person in charge to ensure each service user was facilitated with an individualised person centred service. In partnership with this review the person in charge had systems in place for the evolving compatibility and occupancy of the centre. The system ensured that the staffing levels within the centre were regularly reviewed based on the needs of the service users and occupancy levels on any given day. Through the development

and maintenance of an actual and planned rota the person in charge ensured this was achieved.

The person in charge was supported in her role by the assistant manager. One of the assistant managers delegated duties was the implementation of staff supervisory meetings. These meetings occurred on a three monthly basis with feedback from same articulated to the person in charge. Improvements were required in the follow up to issues arising from the supervision meetings to ensure they are addressed and documented in a timely manner. On-site supervision and support for staff was on-going with staff spoken with articulating that the current governance structure within the centre facilitated a team approach to service delivery. The person in charge had ensured all staff had received mandatory training and training specific to the needs of the service users with the centre.

The registered provider had ensured the development of an organisational complaints policy which provided staff members with clear guidelines on procedures to adhere to in the event of a complaint being issued. This policy had been further developed in an accessible format which had been disseminated to the service users and family members prior to admission to the centre. Accessible information was visible throughout the centre regarding contact details of the complaints officer and how to make a complaint. A complaints log was maintained by the person in charge within the centre. Some improvements were required in relation to the on-going documentation of review and actions implemented following receipt of a complaint.

The registered provider had ensured that all applications and admissions to the centre were implemented in line with the statement of purpose. The person in charge ensured that the service user and their family/representative was afforded the opportunity to visit the centre prior to admission. A service provision agreement had been developed taking into account the services provided within the centre. This agreement had been signed prior to admission. A number of families whom responded to questionnaires commented how this process facilitated a smooth transition for the service user and families to the centre.

The person in charge had effective systems in place for the recording of care and support provided to the resident. The inspector reviewed records such as the directory of residents and statement of purpose. These were found to be developed and maintained in line with regulation 21. Upon review of notifications the inspector found that not all notifiable events had been notified to the chief inspector in the correct manner. However, in the practice could clearly articulate her knowledge surrounding what was required to be notified.

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

As part of the registration renewal process the registered provider had completed

and submitted the required documentation and fees to HIQA.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The registered provider had appointed a suitably qualified person to the role of the person in charge. The person in charge possessed the required attributes and regulatory required skills and knowledge to carry out her role.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider had ensured the necessary staffing numbers and skill mix was provided to meet the needs of the service users.  The actual and planned rota was developed and maintained by the person in charge.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge had ensured all staff had access to mandatory training to ensure a safe and effective service. Further training was provided specific to the needs of the service users.  Supervision meetings were implemented by the deputy manger on a three monthly basis and reviewed by the person in charge. Improvements were required in documentation of review of issues raised within supervisory meetings.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had ensured the establishment and maintenance of a

directory of residents within the designated centre.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The centre had acquired insurance in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clear defined governance structure within the centre to ensure the effective delivery of care.  The registered provider had measures in place for the completion of a comprehensive annual review of the quality, safety and support within the centre which were implemented in conjunction with six monthly unannounced visits to the centre to ensure the the service was operated in a safe effective manner
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The registered provider had ensured that admissions to the centre were implemented in-line with the statement of purpose. All children and/or their representative were afforded the opportunity to visit the centre prior to admission.  A contract of care provision had been developed including the service to be provided. All contracts had been signed by a representative.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was available within the centre. This document included information as required under schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

All notifications required had not been submitted to the chief inspector as required in the correct manner.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A complaints policy was in place within the centre detailing procedures and guidelines for staff. an accessible version was provided to service users and families prior to admission.

A complaints log was maintained by the person in charge ensure all complaints were documented. Improvements were required in the area of documentation following receipt of a complaint to ensure there was evidence of clear follow through by staff.

Judgment: Substantially compliant

## Quality and safety

The inspector reviewed the quality and safety of the service provided within the centre and overall found a high level of compliance. The promotion of the rights of each individual service user was paramount and clearly evident within personal plans and relevant documentation. Within the centre a holiday experience was encouraged to enhance the enjoyable experience when the service user was availing of respite for any period of time. During the course of the inspection all service users participated in activities of their choice both within the centre and the local community.

Care and supports for each service user were delivered in line with a comprehensive and individualised personal plan. The person in charge had ensured that this plan had been developed for each individual prior to initial admission to the centre. The personal plan was compiled in consultation with members of the multi-disciplinary team such as occupational therapist, speech and language therapists reviewed on a regular basis. Prior to each admission family members completed a document detailing any change in support needs or personal interests since last

admission. The individual plan was reviewed accordingly. Goals planned within the personal plan were appropriate to age, wishes and needs of the service user and reflected their wishes during their respite stay.

The registered provider had effective systems in place to help the service users achieve the best possible health whilst in the care of the centre. Where health concerns were present an individualised health care plan was in place, to guide staff on supports required. Service users were supported by staff to attend GP or health care appointments whilst on respite stay if required. Prior to admission the person in charge and assistant house manager received updates from families if any change in health care had occurred since last admission. This system ensured that the adequate staff and skill mix could be in place to meet the individual needs of the residents.

The person in charge had ensured effective systems were in place to ensure the children received their medications as prescribed whilst availing of respite. A member of staff had been allocated the role of medications officer who oversaw the auditing of systems in place to ensure the measures in place in relation to the receipt, prescribing, storing and disposal of medicinal products, including controlled medications were adhered to by all staff members.

The registered provider had ensured effective systems were in place to support service users in the area of behaviours of concern and mental health where required. Positive behaviour support plans guided staff on reactive and proactive strategies to utilise to best support the service user in a clear concise manner. Each behaviour support plan was completed with an emphasis on the whole person, taking in to account individual personality traits and methods of communication.

Where deemed necessary some external doors were closed to ensure the safety of all children during their stay. Where this environmental restrictive practice was utilised within the centre this was done so in the least restrictive manner for the shortest required period of time. All restrictive practice was reviewed quarterly by the person in charge. Each use was recorded and clearly documented when in use for how long and the rationale for same.

Risk management arrangements ensured that residents were safe. A risk register was developed by the person in charge within the centre. As part of this document both individual and environmental hazards had been identified. It was evident from speaking with staff and through observation that risk was actively addressed within the centre with control measures utilised as required. However, there was a lack of understating regarding the review and risk rating of identified risk to ensure the effectiveness of current control measures could be regularly monitored and reviewed. Although the provider had a risk management policy this policy lacked guidance for staff in relation to the consistent on-going review of identified risk.

The registered provider has ensured robust systems were in place for the detection and prevention of fire. All fire fighting equipment was present as required with the fire alarm panel and emergency lighting serviced on a quarterly basis. A personal emergency evacuation plan had been developed for each service user.

and reviewed following participation in a fire drill on the first admissions and as required following this to ensure any changing needs were addressed in a timely manner. In conjunction with the implementation of a fire evacuation drill on the first admission, evacuations occurred on a regular basis in line with evacuation procedures. Improvements were required in the area of documentation of the fire evacuation drills to ensure the effective review and further development of fire evacuation drills including additional supports required.

The registered provider had ensured effective systems were in place to safeguard the service users from abuse. Each service user had a clear and comprehensive intimate care plan within their personal plan to guide staff on supports required. These were developed in an accessible format. All staff had completed training in the area of Children's First. The organisational policy in place gave clear guidance to staff in the procedures to adhere to should a concern arise. Following any allegation of abuse an internal investigation was completed by the person in charge in a timely manner and any actions or learning was clearly documented.

### Regulation 17: Premises

The centre was clean, warm and decorated in an age appropriate manner. Two large living rooms were available for recreational purposes with a large kitchen-dining room. An on-site sensory room was available adjacent to a large secure garden area. Each service user had a private bedroom when availing of respite.

Improvements were required to some bedroom windows to ensure privacy was maintained at all times as external windows were facing into garden area.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had ensured a residents guide had been prepared and was available to service users.

Judgment: Compliant

## Regulation 26: Risk management procedures

A risk register was in place which identified environmental and individual risks.

However, there was a lack of understating regarding the review and risk rating of identified risk to ensure the effectiveness of current control measures could be regularly monitored and reviewed. Although the provider had a risk management policy this policy lacked guidance for staff in relation to the consistent on-going review of identified risk.

Both vehicles utilised by the centre were roadworthy, regularly serviced and insured.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had ensured effective systems were in place for the prevention and detection of fire. Adequate precautions were in place in regard to the provision of quarterly serviced fire fighting equipment.

Improvements were required with regard to the documentation of fire evacuation drills to ensure the effective review of procedures in place.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured effective systems were in place for the receipt, prescribing, storing and disposal of medicinal products.

Safe effective measures were in place regarding the secure storage of controlled drugs.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each service user had a comprehensive individualised personal plan in place prior to admission to the centre.

The personal plan was multi disciplinary in nature and reviewed on a regular basis.  
Goals were developed in accordance with the service users wishes, needs and age.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had effective systems in place to help the service users achieve the best possible health whilst in the care of the centre. Where health concerns were present an individualised health care plan was in place, to guide staff on supports required.

Service users were supported by staff to attend GP or health care appointments whilst on respite stay if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider had ensured good practice to support service users in the area of behaviours of concern and mental health where required. Positive behaviour support plans guided staff on reactive and proactive strategies to utilise to best support the service user in a clear concise manner.

Where environmental restrictive practice was utilised this was done so in the least restrictive manner for the shortest required period of time. All restrictive practice was reviewed quarterly by the person in charge.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed training in the area of Children's First. The organisational policy in place gave clear guidance to staff in the procedures to adhere to should a concern arise.

Following any allegation of abuse an internal investigation was completed by the person in charge in a timely manner and any actions or learning was clearly documented.

Each service user had a comprehensive individualised personal and intimate care plan in place. This was also developed in accessible format.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner which was respectful to the needs and rights fo each individual service user availing of the service within the centre.

Judgment: Compliant

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

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Breffni Cottage OSV-0003255

Inspection ID: MON-0022063

Date of inspection: 09/05/2018

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:  Issues raised at supervisory meetings will be clearly documented and appropriate actions taken to address those actions will also be documented.  	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We will review our notifications and provide training to the relevant staff to identify what notifications are required to be made, we will then ensure that all notifications as required are submitted to the Chief Inspector in the correct manner.  	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Going forward PIC and assistant centre manager will ensure that all complaints are dealt with, followed up, documented and closed off appropriately within the time frames specified within the centre's complaints policy inclusive of notifications and meetings where required.	

<p>]</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will fit privacy protection film to four bedroom windows facing into the garden area to ensure privacy is maintained for the children.</p> <p>]</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management Policy has been reviewed on 29/05/18. An impact table giving guidance around effectiveness of current control measures and risk rating implemented.</p> <p>]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will review the documentation of fire evacuation drills to ensure that effective systems are in place to review procedures.</p> <p>]</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/05/2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/05/2018
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	29/05/2018

	Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/05/2018
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/05/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any	Substantially Compliant	Yellow	11/05/2018

	resident.			
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Substantially Compliant	Yellow	14/05/2018
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	22/05/2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	22/05/2018