Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Breaffy House
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 June 2026
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0045055

About the designated centre

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

Breaffy house is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a residential service for up to seven adults with disabilities. A bed sharing arrangement is in place in the centre, therefore a maximum of six residents are accommodated in the centre at any one time. The centre is a large detached two-storey house which consisted of kitchen/dining room, two sitting rooms, six bedrooms, a staff sleepover room, an office and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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 23 June 2026	10:40hrs to 17:55hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the quality and safety of care and support provided to residents, and to monitor compliance with the regulations. The inspection took place over one day and was facilitated by the person in charge. High levels of compliance were found on this inspection, reflecting a service that respected residents' right to live a life of their own choosing while providing support and care in a person-centred way.

The centre was located in a coastal town and there were lots of local amenities that residents liked to use. These included coffee shops, restaurants, shops and public transport.

The centre could accommodate six residents and there were six residents living in the centre on the day of the inspection. Two residents stayed at home with their family for part of each week; however, while previously a bed share arrangement was in place, the person in charge told the inspector this was no longer applicable. Another resident went home every weekend to visit family.

The inspector had the opportunity to meet four of the residents on the day of inspection. Two residents were at home with family. Most residents attended day services during the week and one resident had retired and staff supported them with what they wanted to do.

The day-to-day life for residents was based on what they like to do and they accessed amenities in the community and in the centre. For example, some residents went swimming, went on trips to local coastal towns, met up with friends at the weekends for dinner, and one resident had enjoyed completing a mindfulness course recently. Two residents were members of community groups including a men's shed and an older person's active group. The centre was set up so that residents also could do the things they liked in their home for example, baking and sensory activities.

Residents were also supported to go on holidays if they wished. A staff member described how important it was to maximize the use of all forms of transport for a resident who had that particular interest. For example, day excursions and holidays had included using buses, trains, and flights and this meant that planning of these trips had prioritised the resident's preferences. Overall the inspector found the team supported the individual choices of residents, while respectfully supporting residents to avail of opportunities both in the centre and in the community in line with their wishes and goals. As a result residents were enjoying a good quality of life.

The centre was spacious and homely and staff were observed to be positively engaging and respectful with residents at all times. There was a consistent staff team who knew the residents needs well, and while there were vacancies in the

centre, these were generally filled by regular relief staff. The inspector met with one of these relief staff, and they described a range of supports in place for residents as well as safety precautions to ensure residents were protected. Residents did appear very content and relaxed in the company of staff, and there was a positive atmosphere in the centre.

The centre was well-maintained and there was lots of space for residents, including two sitting rooms where residents liked to watch television or meet with visitors. Each resident's bedroom was individually decorated to their own preference and style and where needed assistive equipment was provided.

The next two sections of the report outline the governance and management arrangements, and how the arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

The provider had ensured appropriate resources were available in the centre, and this included staff training, a suitable premises, a household budget and transport. The provider had also ensured the skill mix and staffing levels were appropriate to the needs and numbers of residents living in the centre. Staff were provided with most of the required training which ensured the team had the necessary skills and knowledge to safely meet the needs of residents.

There was a clearly defined management structure, and there was ongoing monitoring of the services provided. High levels of compliance were found on this inspection reflective of a safe and effective service for residents living in the centre.

Regulation 15: Staffing

There were sufficient staffing numbers employed in the centre, and the staffing numbers and skill-mix were based on the residents needs.

The team comprised of the person in charge and social care workers. The person in charge was also responsible for one other centre and divided their time between the two centres. The person in charge worked two days per month directly with residents and the remaining time was allocated as supernumerary.

On the day of the inspection there was approximately four staff vacancies, and vacant shifts were filled by regular staff doing additional hours, and by regular relief and agency staff. The inspector reviewed rosters over a two-month period in 2026, and consistent staff had been provided. Where agency staff worked a waking night

shift, permanent staff were also on duty in a sleepover capacity. Over the two-month period a total of 87 shifts were filled by regular relief or agency staff; however, these were by the same core group of staff, to ensure residents were receiving continuity of care and support.

There were three staff on duty in the morning, and three to four staff on duty in the afternoon. At night one staff was on duty in a waking capacity, and one staff in a sleepover capacity. This meant there were enough staff on duty to ensure residents needs were met, and to ensure their safety in line with control measures set out in risk assessments.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with most of the required training to meet the needs of residents; however, one staff required refresher training in managing behaviours of concern.

Staff had been provided with mandatory training in fire safety, safeguarding and in children first, and most staff had up-to-date training in managing behaviours of concern. However, training in managing behaviours of concern was out-of-date for one regular relief staff, and there was no planned date for the staff to complete this training. This was required in the centre due to the specific needs of residents.

Additional training provided to staff included first aid, manual handling, feeding, eating, drinking and swallowing (FEDS), medicines management and food safety.

The person in charge directly supervised the care and support provided to residents and staff supervision meetings were facilitated every quarter. Supervision records were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place which meant systems were in place to ensure the services were safe and effective, and there was ongoing monitoring of the services provided. High levels of compliance were found on this inspection, reflecting a service that was focused on the individual

needs and rights of residents, as well as responding to risks and emerging needs of residents.

Suitable resources were provided and included a consistent skilled staff team, centre transport, a well-maintained premises and a household budget. There was a clearly defined management structure and staff reported to the person in charge. The person in charge was responsible for one other centre, and this arrangement was effective in ensuring the operational and administrative management of this centre. The person in charge reported to the service manager who was also nominated as a person participating in management. The person in charge met the service manager every six to eight weeks. The service manager reported to the director of adult services and onwards to the Chief Executive Officer.

There were systems in place to ensure the service provided was safe and effective, and these included effective management of adverse incidents and of risks, comprehensive assessment, personal planning and implementation of these plans, and effective arrangements to protect residents.

The centre was monitored on an ongoing basis. The person in charge completed a monthly data report, and this was reviewed together with the service manager at their regular meetings. The monthly data report included for example, individual residents' needs and goals, adverse incidents, safeguarding referrals, restrictive practices, red rated risks, staffing, and infection prevention and control (IPC). The inspector reviewed minutes of these meetings, and regular meetings had occurred. Where actions were required these were documented on monthly data reports and completed

Audits were completed regularly and included medicines management, IPC, staff supervision, and health and safety. The inspector reviewed a sample of four audits in 2026 and where issues were identified, actions had been developed and implemented. These included for example, referring a resident to a physiotherapist in June 2026 following a trend identified in falls, and introducing a local protocol for a newly prescribed high alert medicine.

Six-monthly unannounced visits had been completed by the provider, most recently in November 2025 and in April 2026. The inspector reviewed the actions from the most recent unannounced visit, and actions were either complete or in progress. The assessor had also completed audits on assessments of need and personal planning and on residents' finances on the day, and an action related to goal tracking was complete on the day of inspection.

An annual review of the quality and safety of care and support was completed in January 2026. The review had included consultation with residents, their families, the staff team and clinicians and positive feedback was received. Ongoing actions and ambitions were developed as part of the review and included continuing to support residents with their preferred activities and holidays, as well as fund raising for a new bus.

The person in charge provided good leadership and was well-organised from an administrative point of view. Staff meetings were facilitated every month and from a

review of two recent meetings, had included for example, reviewing residents' needs, adverse incidents and risks, medicines management and restrictive practice. A staff member told the inspector they can raise concerns if needed with the person in charge about the care and support provided to residents, and the person in charge will take on board any concerns and respond to them.

Judgment: Compliant

Quality and safety

Residents in this centre were receiving good quality care and support, through a person-centred approach that focused on their preferences, their specific goals, while supporting their care needs.

Residents' needs had been assessed, and health and social care personal planning was led by the preferences of residents in how they spent their time on a day-to-day basis and on their identified needs. Plans were detailed and guided practice in the provision of communication, health, social, and personal care needs of residents, and plans were regularly reviewed. The team were very knowledgeable on residents' needs and how best to support them in line with their personal plans.

There were safe and appropriate systems in place for the management of risks and incidents, and for the protection of residents.

Regulation 10: Communication

Residents' communication needs had been assessed, and staff were supporting residents as recommended with their communication needs.

Residents' communication needs were assessed and where assessments by a speech and language therapist were indicated, these were complete with recommendations made. One resident's communication needs and recommendations were under review at the time of inspection, and regular review appointments has been facilitated by the speech and language therapist in recent months.

Some residents communicated verbally, and some residents used non-verbal modes of communication. For example, the person in charge outlined that one resident used objects of reference to support their communication and this was in line with the recommendations set out by the speech and language therapist.

Pictures and photos were used throughout the centre to support residents' communication. For example, photos of staff were on the notice board so residents

would know who was on duty, and one resident prepared this notice board every week and residents' goals were displayed in photo format on posters in their room.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents and residents were supported to access a range of opportunities both in the centre and in the community.

Most residents attended day services during the week, and one resident had retired and was supported by staff in the centre with their preferred activities. An assessment of residents' preferred leisure and social activities was completed as part of the assessment of need process, and residents also developed goals based on their interests and wishes. One resident had said they did not wish to have a goal planning meeting and preferred to choose what they wanted to do on a weekly basis.

From a review records, it was evident that residents were getting to do the things they liked. For example, going on holidays, going out for meals or coffee, or going swimming. A resident was a member of a local mens' shed, and worked in a public garden once a week. One resident had a particular interest in all forms of transport and holidays, and day trips were planned to maximise the use of all forms of transport including planes, boats, buses and trains.

Residents were supported to maintain links with their friends and with families. Some residents went home for visits and families and friends visited the centre.

Judgment: Compliant

Regulation 17: Premises

The layout and size of the premises was appropriate for the number and needs of the residents living in the centre, and assistive equipment was provided to support residents where required.

The centre comprised a seven-bedroomed dormer style bungalow, located in a suburb of Dublin. The inspector was shown around the premises by the person in charge and a staff member, and the centre was observed to be clean and well-maintained throughout. Suitable arrangements were in place for IPC including, handwashing and hand sanitising facilities, provision of a range of personal protective equipment (PPE), and suitable food cooking and storage facilities. Colour-

coded mops and buckets, as well as colour -coded cleaning cloths with guides were provided, and all areas of the centre were observed to be clean.

Each of the residents had their own bedroom, and these were all located on the ground floor. One bedroom was used for staff on a sleepover shift. Residents' bedrooms had sufficient storage for their personal items and clothes, and residents had a range of posters and photos on display in their rooms. Bedrooms were observed to be bright and comfortable.

Two large bathrooms were available in the centre with suitable facilities for personal care. The centre was fully accessible throughout, and assistive equipment was provided as required. This included providing overhead hoists, wheelchairs, handrails, profile beds, shower chairs, and a shower bed. This meant that the equipment residents needed to support them with their mobility and to keep them safe was available in the centre.

There were two sitting rooms in the centre, both with comfortable seating and televisions. There was ample space for residents to receive visitors in private. Suitable cooking and dining facilities were provided in the kitchen, and there was a large garden with raised planting located to the side of the centre. Laundry facilities were provided for residents' use in a separate utility room.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place to manage risks and incidents in the centre, and control measures were effective in reducing the risk of injury or harm to residents.

The inspector reviewed a sample of risk assessments for three residents, developed in response to identified risks. Control measures outlined in risk management plans were seen to be implemented, for example, ensuring a resident wore protective equipment due to a risk of falls, ensuring defined supervision arrangements were in place to prevent safeguarding incidents, implementing positive behaviour support guidelines due to a risk of self-harm, and providing assistive equipment to support safe transfers. Where a resident had changing needs, the person in charge had anticipated the risk impact, and had sought reviews with allied healthcare professionals to respond to these changing needs. All risk assessments were reviewed regularly.

The inspector also spoke to two staff members over the course of the inspection and they outlined some of the control measures in place. For example, in response to a choking risk, safeguarding risks, road safety risks, and risk of aggression. The staff knowledge, the implementation of risk management plans, as well as the ongoing

review of risks in the centre, meant that an effective and efficient approach was in place to manage risk and reduce risk of harm to residents.

The inspector reviewed incident records for 2026, and incidents had been reviewed by the person in charge. The person in charge had developed follow-up actions to reduce to likelihood of further incidents and where required sought reviews with allied healthcare professionals. Incidents and required control measures were reviewed at monthly staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been comprehensively assessed and planned for, and the recommendations outlined in personal plans were implemented. As a result, suitable arrangements were in place to meet the needs of residents living in the centre.

The inspector reviewed three residents' files. Each resident had an up-to-date assessment of need in place that was completed by staff in the centre and included the outcomes of assessments by healthcare professionals. Assessments of need were reviewed a minimum of annually, or sooner if the need arose. Assessments included the social, health, personal, communication, safety, community, and emotional needs of residents, and where a need was identified, personal plans were developed. The inspector reviewed an assessment of need and personal plan for one resident with a staff member, and they knew the resident well, describing their presenting needs, and the support in place in line with personal plans. Personal plans were detailed, and provided good guidance to staff on the care and support residents needed.

The person in charge described how they were managing a changing presentation for a resident, and ongoing assessment with the relevant multidisciplinary team members was underway.

Residents were supported to develop goals as part of their personal planning, and plans had been implemented to ensure residents' achieved these goals. Records were maintained in files of the progress and achievement of goals, as well as in photo records of, for example, holidays, day trips, leisure pursuits, and community group participation that residents wanted and had achieved over the last year.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met, and residents had timely access to their general practitioner (GP) and to allied healthcare professionals as needed.

Residents could access the services of a range of allied healthcare professionals including a physiotherapist, a speech and language therapist, an occupational therapist, and a chiropodist. Residents also had timely appointments with their GP, as needed, and were supported by staff or their family if they preferred, to attend appointments. As mentioned, the recommendations made by healthcare professionals were included in personal plans, and healthcare plans were detailed and provided sufficient guidance on how best to support residents and promote good health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate support was provided to support residents with their emotions, and to reduce potential risks.

The inspector reviewed two behaviour support plans, that had been developed by a psychologist and reviewed recently. Behaviour support plans outlined the behaviours of concern, and positive strategies to respond to incidents of concern so as to minimise distress for residents and reduce risks. Proactive strategies were also outlined and the person in charge gave a detailed account to the inspector of a range of these supports. There were arrangements in place to provide these supports as recommended including providing one to one support for a resident, offering a low-arousal environment, and providing a predictable routine for a resident.

The inspector reviewed an environmental restrictive practice that was to be introduced in response to a recent incident, and approval had been sought from the positive approaches monitoring group. Approval had been granted for approximately one month only at which point this practice would be required to be reviewed again. This meant that there was an oversight system in place to ensure restrictive practices were being implemented relative to the risks presented.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and the measures outlined in safeguarding plans were implemented.

There had been a number of allegations of safeguarding concerns notified to the Office of the Chief Inspector of Social Services since the last inspection. Safeguarding plans had been developed following these incidents and were included in safeguarding risk assessments. The person in charge and a staff member described the safeguarding plans, and the follow-up actions were complete. These included assessment by an allied healthcare professional, implementing positive behavioural support strategies, and ensuring residents were supervised.

The inspector reviewed a sample of records pertaining to recent safeguarding incidents, and these had been reported to the safeguarding and protection team as required. Staff had up-to date training in safeguarding and in Children First. A staff member described the actions they would take if a safeguarding incident occurred in the centre, and this was in line with the national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' choices, needs and preferences formed the basis of how the centre was organised on a day-to-day basis, and residents' privacy and dignity were respected.

Residents led their life as they wished, and their preferences and choices were respected and planned for. Most residents had wanted to develop goals, and the implementation of goals meant that residents had opportunities to visit a range of places, and to be active members of their own home and of their community. For example, a resident was a member of a local mens' shed and was part of the local tidy towns group, and another resident participated in an older adult social group. One resident did not want to develop goals and instead preferred to pick what they wanted to do on a weekly basis.

The person in charge and the staff team advocated for maximising residents' choices and communicating with residents about their preferences. Residents' meetings were held weekly; however, the person in charge did outline that residents typically did not make choices during these meetings. Instead, residents talked about what they would like to do as they were chatting together, and with staff during the week. The person in charge and staff team had recently started noting these choices at the time residents suggested them, and these were then discussed with residents at their weekly meeting.

The decisions residents made about their care and support were respected, and included if residents declined support, or if they preferred their family to support them with aspects of care. The centre also supported residents' preference of staffing gender, and this was important in helping some residents with their emotional wellbeing.

Residents' privacy and dignity was respected and their personal information was kept secure. Residents had their own room, and personal intimate care was

assessed and provided in the way residents preferred. A staff member did describe the specific supports a resident required including the specific preferences for intimate care in line with their personal plan.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 Breaffy House OSV-0002389

Inspection ID: MON-0045055

Date of inspection: 23/06/2026

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: The Person in Charge has liaised with the Service Provider's Training Department and the Line Managers of the relief staff to arrange release of the identified staff member for completion of Refresher Positive Behaviour Support (PBS) Training. The staff member has been formally scheduled to attend this training on 24/09/2026.	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	24/09/2026