<table>
<thead>
<tr>
<th>Centre name:</th>
<th>No.1 Brooklime</th>
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<td>Centre ID:</td>
<td>OSV-0003573</td>
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<td>Centre county:</td>
<td>Cork</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Southern Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Una Nagle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards

▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge

▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
30 August 2016 09:30 30 August 2016 17:30
31 August 2016 09:15 31 August 2016 16:00

The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection:
This report sets out the findings of an announced inspection of a centre managed by Brothers of Charity (BOC) Services following an application by the provider to register the centre.

Description of the service:
The centre provided a home to eight residents with varying support needs and consisted of two houses next door to each other.
Since the previous inspection in August 2014, three residents had moved to another designated centre. There was evidence that this had been planned carefully, with each resident fully involved in the process and provided with all relevant information.

The centre was well maintained, nicely decorated and each of the houses had a large kitchen/dining room and a large sitting room. Each resident had their own bedroom which was decorated according to each resident’s own taste. Two of residents had separate apartments adjoining one of the houses but they shared the main kitchen and living room areas.

How we gathered our evidence:
The inspector met with each resident currently living in the centre. In addition, five families had completed questionnaires prior to the inspection providing feedback on the centre. In general the feedback was positive. One family commented that “I am happy with all aspects of care and the dwelling”. Another family said that “the care and attention is very good and all needs are being met”.

Feedback questionnaires were also received from eight residents. Again the comments about the service were very positive with one resident saying “I like my house, especially my bedroom. I like my routine and I like having choices and activities”.

The service demonstrated that it was responsive to changing needs of residents in relation to maintaining contact with their loved one.

All of the residents were active in the community with one resident saying that “I love living where I live because of the facilities in the area like the hairdresser, beautician and the local shops. The staff in all of these places know me and are friendly towards me.”

As part of one resident’s person centred plan it was identified that they wished to engage more closely with their culture and heritage. As part of this plan the resident had engaged in a cultural project and had also developed closer links with their family, both at home and abroad. The resident said to the inspector that this project “is very important to me”.

The inspector also met the person in charge of the centre, staff and the area manager. The inspector also observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of findings:
There was evidence of good practice. Each resident’s care plan clearly outlined how the resident communicated and what assistance and support they required to communicate. Innovative solutions had been identified to support communication with residents.

Of the 18 outcomes inspected, two were at the level of major non-compliance:
• the designated centre did not meet the assessed needs of all residents (outcome 5)
• improvement was required in relation to the use of restrictions on residents’ lives. In particular, the implementation of a “seclusion protocol” could not guarantee the safety of the resident as it was not possible for “a senior member of staff to continuously observe the resident” (outcome 8)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall, residents’ rights and dignity were respected. However, some improvement was required in relation to consultation with residents, particularly in relation to financial matters.

There was evidence that residents were consulted with and participated in the organisation of the centre. One resident said in feedback provided to HIQA that “I feel well cared for. I feel supported in the house. I discuss what I want at house meetings and the staff work through it for me and sort it out.” The most recent residents meeting included discussion around staffing levels, complaints, meals and the plan for the weekend.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. The inspector reviewed the complaints log since January 2016 and there were four recorded complaints all of which had been resolved.

Residents could keep control of their own possessions. One resident said that “I have my own bedroom that is a safe place for me to store and access my private possessions”.

There was an up to date property list in each resident’s personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own
laundry if they wished.

There was a policy on residents’ finances and all items purchased for and by residents were verified by receipt. One of the residents had purchased a car a number of years ago and there was a protocol in place in relation to the use of the car. This protocol had been agreed with the resident and included insurance and taxing of the car and servicing of the engine. One of the residents was paying for a subscription television service and the other residents in the house were reimbursing. However, there was no evidence of consultation in relation to this arrangement.

In June 2015 an overall assessment of the standard of bookkeeping was carried out by the accounts department of the Brothers of Charity service. This assessment found that “records kept up to date and as accurate as possible. The Housekeeping Book was easy to follow and bookkeeping was of a high standard”. There were bank statements in place for one of the residents. The person in charge outlined that the service was awaiting the bank statements for the other residents.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on communication and each resident’s care plan clearly outlined how the resident communicated and what assistance and support they required to communicate.

Residents with communication needs had access to allied health care as required, including speech and language therapy.

Inspectors reviewed residents' personal plans and found that where residents had communication needs, this was captured in personal plans. In addition there were “social stories” in place for a number of residents. A social story was a visual guide that described a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. The goal of the social story was to share accurate social information in a patient and reassuring manner that was easily understood by the resident. Examples seen for one resident included social stories relating to “when staff go on holidays” or “when I go to the doctor”.
Staff were observed over the course of the inspection to support residents to communicate. Some residents with identifiable communication needs had a communication passport in order to ensure that staff would support residents in a consistent manner. Staff were observed carrying communication cards on their person so that the resident had certainty around activities. Some of the passports were in a format that helped residents to turn the pages themselves.

Inspectors observed a communication board in the kitchen areas which contained pictures of what was for dinner that night and also there was a picture rota of which staff were on duty.

Music systems and television was provided in the main living room and a number of residents had televisions in their own room. One resident had a particular interest in computing. The microwave oven had been specially modified to “talk”, making it accessible and simplifying its use for those with low vision or no vision at all.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. One resident said to the inspector that they had “their family at home and their family here”.

Families were very involved in the lives of residents and close contact was maintained either through visits home or telephone calls. One resident said that “my family collects me and I go home lots of the time”. The inspector received a number of completed relative questionnaires from family members which were highly complementary of the service and these outlined that families said they could visit any time.

There was evidence that the service was responsive to changing needs of families in relation to maintaining contact with their loved one. For example, the service had sourced information for one family around supports that could be provided for a resident when they visited home.
As part of one resident’s person centred plan it was identified that they wished to engage more closely with their culture and heritage. As part of this plan the resident had engaged in a cultural project and had also developed closer links with their family, both at home and abroad. The resident said to the inspector that this project “is very important to me”.

All of the residents were active in the community with one person saying that “I love living where I live because of the facilities in the area like the hairdresser, beautician and the local shops. The staff in all of these places know me and are friendly towards me.”

Care plans read by the inspector had evidence of family input.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Each resident had an agreed written contract which included the details of the services to be provided. The details of the fees charged were contained in a separate booklet.

The contracts of care outlined that residents were expected to make a financial contribution towards the running of the house. A booklet explaining the detail of these costs and contributions was made available to residents. An updated residential service agreement had been sent to all residents and their families to include reference to the voluntary nature of the charge.

The service had also prepared a booklet explaining the detail of costs and contributions being requested from residents. This booklet was entitled “Charges and voluntary contributions – an explanation for residential service users” and was dated February 2016. This booklet outlined:

• what is a charge
• what is a contribution
• how are charges/contributions calculated
• types of charges
• what the charge/contribution does not cover
The service also outlined that it was planned that an independent advocate would be engaged to explain the charges/contributions to residents if the residents needed it.

Judgment:
Compliant

Outcome 05: Social Care Needs
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence that the designated centre did not meet the assessed needs of all residents currently living there.

Since the previous inspection three residents had moved to another designated centre. There was evidence that this had been planned carefully, with each resident fully involved in the process and provided with all relevant information.

For the residents currently living in the centre, in one resident’s personal planning folder under the subject of where the resident wanted to live it was recorded that “I do not like one of the (people) I share a house with”. The service had also recorded on a sanctioning form for a restrictive practice that this resident “requires an autism specific service delivery model”. This was not being currently provided and a referral had been sent to the service admissions, discharge and transfer committee with a view to acquiring a more suitable placement for this resident.

Staff were knowledgeable in relation to the residents needs and attempted to provide a safe and homely atmosphere for all residents. Staff did outline to the inspector that due to potential incidents residents did not always eat meals together or go on outings together.

The inspector saw records for 31 incidents from January 2016 onwards including:
- eight incidents of residents punching other residents or staff
- six incidents of residents pushing other residents
- three incidents of residents throwing objects at other residents
• four incidents where residents threatening staff

There was evidence that these incidents were having a negative impact on residents. In the feedback received from residents by HIQA prior to the inspection one of the residents said that “I don’t like living in this house” and a second resident said that “I don’t like living here when one of the other (residents) starts shouting and breaks the tv or when they come into my room”. In addition, in one resident’s comprehensive assessment of health, personal and social care needs it was recorded that due to increase in episodes of behaviour that challenged there were now insufficient staff to support (the resident) to regularly participate fully in the community mid-week which in turn has affected (the resident) emotionally.

Each resident had a personal plan which contained a personal profile, family and friends, individual likes and dislikes, and a visual daily activity schedule. An assessment was in place with respect to residents’ healthcare needs to support residents achieve “my best possible health”. Each assessed need was supported by a healthcare plan. For example, one resident’s care plans included anxiety, high cholesterol, nutrition and breathing difficulties.

There was evidence of residents being supported by a multidisciplinary team to review changing needs. In records seen by the inspector a number residents had such reviews attended by relevant allied health professionals, the person in charge and the area manager.

In relation to social care needs there was a process to ensure each resident was supported to develop an individual lifestyle plan. In the person centred plans seen by the inspector the lifestyle plan outlined the person’s vision for their life with goals in place and identified the supports to help the person achieve their goals. The effectiveness of achieving the goals was not always demonstrated.

For example, for one resident their goals for 2016 had been agreed in October 2015. One of the goals included a review of their placement but this referral had only been sent in July 2016. Another outcome for the resident included a referral to an occupational therapist for a review of sensory needs. This referral had not been sent up to the time of the inspection.

**Judgment:**
Non Compliant - Major

**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents’ needs in a comfortable and homely way.

The centre provided a home to eight residents with varying support needs and consisted of two houses next door to each other in the suburbs of Cork. The first was a detached house, with three residents living in the main part of this house. Two residents had separate apartments in this house but they shared the main kitchen and living room areas. The second house was a semi-detached house with three residents living here. There was a wet shower area, assisted toilet and wash-hand basin located beside the kitchen.

Each resident had their own bedroom which was decorated according to each resident’s own taste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk register in place which was designed to log all the hazards that the organisation was actively managing. The hazards on the risk register included management of behaviour, consistent staffing, inappropriate placement and restrictive practices. The local risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was also a local safety statement in place.

Each resident had participated in identifying specific hazards relating to their lives, called an individual risk profile. This process identified hazards around issues like communication, safeguarding, nutrition and healthcare. Since the last inspection the process for risk assessment included all hazards relevant to each resident. These were contained in “front line risk assessments”. There were also local safety statements in
place which contained risk assessments relevant to each house.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. This included relevant certification for the two new houses.

Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Adequate systems were in place to protect residents from being harmed. However, improvement was required in relation to the use of restrictions on residents’ lives.

There was a service wide behaviour standards committee chaired by a clinical psychologist. This committee was available to review any restrictions that limited a resident’s life (for example if the restriction was an environmental restraint, chemical restraint or physical restraint) and discussed why the restrictive procedure was in place.

There had been a referral to the behaviour standards committee of a “seclusion protocol” for one resident. This “seclusion protocol” had received interim sanction for use prior to full approval from the behaviour standards committee. The service policy document outlined that “seclusion involves the placing or leaving of a person in any room alone with the exit door locked or fastened or held in such a way as to prevent the person from getting out”.

For this particular resident the “seclusion” was to take place in “in the area that (the resident is in)”. During the seclusion it was outlined that “a senior member of staff is to continuously observe (the resident) and record the time, safety status and well being every five minutes on the seclusion monitoring chart”. There were records available for the use of this “seclusion protocol” on two occasions in 2016. However, the implementation of this protocol could not currently guarantee the safety of the resident as it was not possible for “a senior member of staff to continuously observe the resident”. There were a number of locations in the house where if the door to the room was closed the resident could not be observed. There was one occasion in 2015 where “seclusion” had been implemented but was not included as part of an approved “seclusion protocol”.

In relation to other restrictions, in one resident’s person centred planning folder there was reference to the use of a “monitor” in the resident’s room while they slept. During the inspection this monitor was not in the person’s room and the person in charge confirmed that it had been removed and was not currently being used. The inspector saw a protocol for the administration of as required (or PRN) medication. This protocol had been reviewed in August 2016 by the consultant psychiatrist and provided guidance for staff on when to administer the PRN medication.

Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Behaviour assessment reports and support plans were available for residents who required support from an intensive support worker attached to the adult behaviour support services department. There was evidence of regular reviews of the implementation of the behaviour support plan by the intensive support worker and the rest of the team.

There was an up to date policy on, and procedures in place for, the prevention, detection and response to abuse. Training records indicated that all staff had received training on the protection of vulnerable adults.

It is a requirement of the regulations that all serious adverse incidents, including allegations of misconduct are reported to HIQA. Since January 2016 there were three significant issues submitted to the Chief Inspector. Documentation in relation to these incidents was reviewed during the inspection and each incident was found to have been managed in accordance with the service policies and procedures. This included referral to the designated officer.

**Judgment:**
Non Compliant - Major

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
It was a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A suitable assessment of residents' educational, employment and training goals was available to ensure that their skills development, education and training was suited to individual residents' abilities.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. For example, there were horse riding prizes and rosettes on display throughout the centre as one resident had a particular interest in horse riding. The person centred planning folder for each resident had a section entitled academic, work and development information. This outlined what activities the resident did each week whether cooking, woodwork or DIY. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided.

One resident who spoke with the inspector outlined that they worked part-time and they said that “I get the bus to work each day”.

Judgment:
Compliant
**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported on an individual basis to achieve and enjoy best possible health.

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews. There was regular blood testing for residents on particular medications to ensure that the levels were within recommended ranges.

There was evidence of good access to specialist care in psychiatry with residents attending consultations on a regular basis.

There was evidence that residents were being seen as required by allied health professionals including physiotherapy and social work. Care plans were reviewed and updated following these reviews.

In relation to food and nutrition the evening meal was prepared by staff. During the inspection residents participated in setting the table and washing up afterwards. Residents said that they were happy with the food and the choices that they were offered. Any resident with specific nutrition issues or swallowing difficulties had been seen by a dietician and a speech and language therapist as required.

**Judgment:**  
Compliant

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**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.
**Findings:**
Each resident was protected by the centre’s policies and procedures for medication management.

Since the last inspection a comprehensive medication policy was available that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents’ medication was stored and secured in a locked cupboard and there was a robust key holding procedure.

A sample of medication prescription and administration records was reviewed by the inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

Some medication needed to be stored in a medication fridge. However, while the temperatures on the medication fridge were being recorded daily no action was being taken if the temperature were outside the required range. Therefore the stability of the stored medication could not be guaranteed.

**Judgment:**
Substantially Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents’ wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.
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<th><strong>Judgment:</strong></th>
<th>Compliant</th>
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**Outcome 14: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Findings:**
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge was the area manager for the service and was suitably qualified and experienced to discharge his role. Since the previous inspection a review of the remit of the person in charge had taken place and the person in charge no longer had responsibility for day service provision and still had responsibility for seven designated centres in total.

The Brothers of Charity service had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in July 2016. There was a prepared written report available in relation to the “outcomes” that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

An annual review of the quality and safety of care of the service had been completed in July 2016. The review looked at a number of issues including:
- staffing
- safety
- notifications to HIQA
- incident follow up
- complaints, concerns and compliments
- personal planning
- feedback from residents/families/staff

**Judgment:**
Compliant
### Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There was evidence that the centre was resourced to ensure the effective delivery of care. For example, as part of a review of one resident’s personal plan additional resources had been provided to facilitate the resident to participate in weekend activities. In addition, fire doors had been recently fitted to replace the existing doors throughout the premises.

**Judgment:**
Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

The feedback from families received prior to the inspection was that staff were very committed to the residents with one family saying that “staff always go the extra mile”. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty. During the inspection there were adequate staff on duty. One resident received a day service from their home, which was appropriate to their needs and additional staff were provided to facilitate this day service.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the regulations and standards were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Theme: Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The Brothers of Charity services had prepared, adopted and implemented policies and procedures relevant to the operation of the centre.

The policies available on the date of inspection were centre specific and some were available in an easy-to-read format.

A copy of the residents’ guide was available in each resident’s personal file.

A directory of residents was maintained in the centre and was made available to the inspector.

Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>No.1 Brooklime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003573</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 August 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 October 2016</td>
</tr>
</tbody>
</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One of the residents was paying for a subscription television service and the other residents in the house were reimbursing. However, there was no evidence of consultation in relation to this arrangement.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Each resident has now been consulted with and there is evidence that all have agreed to pay their equal subscription to television services. This is documented in each resident’s Financial Plan.

**Proposed Timescale:** 28/10/2016

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The designated centre was not suitable for the purposes of meeting the needs of each resident.

2. **Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
An updated Comprehensive Assessment of Needs of all residents will be completed and the suitability of the centre to meet these needs will be re-evaluated. [30 November 2016]
The staff team will receive training on the delivery of specific support needs e.g. autism specific elements of supports. [£0 November 2016]
In the event of the centre not being suitable to meet the needs of any particular resident or a group of residents these needs will be identified to the Admissions Discharge and Transfer Committee for independent review and recommendation to Provider who will identify an alternative support plan in accordance with our Admissions and Discharges Procedures.

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The service did not always put in place arrangements to meet the assessed needs of residents as identified following assessment.
3. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
Each of the residents Personal Plan’s have now been reviewed and a referral has been made to the Occupational Therapy Department. [20/09/2016]
The Comprehensive Assessment of Needs outcomes [30 November 2016] will be reviewed and included in updated plans for residents [31/01/2016]

**Proposed Timescale:** 31/01/2017

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The implementation of the seclusion protocol could not guarantee the safety of the resident. In addition, there was one occasion in 2015 where “seclusion” had been implemented but was not included as part of an approved “seclusion protocol”.

**4. Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Glass viewing panels were fitted in the identified doors to allow for staff to continuously supervise the resident in line with Services Seclusion Protocol and Policy. [9/09/2016]
Staff will be issued with a written protocol in relation to the use of seclusion in the event of an extreme emergency and this will include a clear direction to document all such incidents in accordance with the approved procedures [4/11/2016]

**Proposed Timescale:** 04/11/2016

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some medication needed to be stored in a medication fridge. However, while the temperatures on the medication fridge were being recorded daily no action was being taken if the temperature were outside the required range. Therefore the stability of the stored medication could not be guaranteed.
5. **Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
All staff have received awareness training in line with the Services Person Centred Medication Management Policy at their staff meeting.
A Procedure is in place to seek advice from the pharmacy in relation to the disposal of medications where goes outside the recommended range and for this to be documented. A second refrigerated unit is also available in the Centre.

**Proposed Timescale:** 09/09/2016