



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

Name of designated centre:	Bramble Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	27 August 2018
Centre ID:	OSV-0004465
Fieldwork ID:	MON-0021885

## About the designated centre

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

Bramble Services is located in a town in Co. Roscommon and is run by Brothers of Charity Services Ireland. This centre provides a residential and respite service for up to ten male and female adults, with mild to severe intellectual disabilities and who may fall within the autistic spectrum. This service also offers support to people with behaviour that challenges and those with mental health needs. The centre comprises of three premises which are in close proximity to each other. Each premises provides residents with their own bedroom, shared living spaces and garden areas. Staff are on duty both day and night to support residents who live here.

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

Current registration end date:	04/01/2019
Number of residents on the date of inspection:	7

## 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
27 August 2018	09:50hrs to 15:00hrs	Anne Marie Byrne	Lead
27 August 2018	09:50hrs to 15:00hrs	Stevan Orme	Support

## Views of people who use the service

One the day of inspection, the inspectors met with one resident who lived in this centre. This resident was unable to speak directly with the inspectors. During the inspection, the inspectors observed staff to interact positively with this resident and staff demonstrated a clear understanding of how this resident liked to express their wished.

Prior to the inspection, a number of residents and their relatives completed questionnaires, where they expressed satisfaction with the service they received in areas such as staff support, visiting arrangements, their bedroom spaces, activities available to them and food and mealtimes. Some residents expressed concerns regarding the use of fire detection systems in their bedroom. The inspectors referred this concern to the registered provider to investigate.

## Capacity and capability

Since the last inspection, the Chief Inspector issued the registered provider with a notice of proposal to cancel the registration of this centre due to on-going non-compliance with fire safety. In response to this, the registered provider put in place a time bound plan to bring the centre back into compliance with regulation 28 by 18th July, 2018. On this inspection, the inspectors found that although the registered provider had completed some of the works they committed to, some fire containment measures had not been fully implemented. Subsequent to the inspection, the provider gave written assurances to the inspector that the remaining fire upgrade works had been completed.

The person in charge had the overall responsibility for this centre and he was supported by a team leader and by the senior management team in managing this centre. He had the opportunity to visit this centre each week and was found to be very knowledgeable of residents' needs. Throughout the inspection, he demonstrated clear oversight of areas such as care practices, risk management, quality improvement and resources. The governance and management arrangements in place ensured that the quality and safety of care was regularly reviewed and discussed with all staff through various local and management team meetings. Staff who spoke with the inspectors said that they were kept informed of changes occurring within the organisation and that they felt supported by the current management structure. The annual review and six-monthly provider-led visits were occurring in line with the requirements of the regulations. Where improvements had been identified, the provider was putting measures in place to

address these.

Staff arrangements ensured that residents had access to the staff support they required to engage in social activities of their choice. In response to the recent changing needs of one resident, additional staff support was made available to this resident to enable them to continue to access the community. All staff had received mandatory training and the person in charge was in the process of completing staff supervision. Following the last inspection, the provider had reviewed residents' written agreements and ensured that they informed residents of all costs to be met at the centre, as well as the supports they could expect to receive to meet their assessed needs.

#### Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14. He had responsibility for two other centres and demonstrated that he had the capacity to fulfill his role as person in charge of this centre also.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had arrangements in place to ensure adequate staffing resources were available to meet the needs of residents. There was a planned and actual roster in place which identified the start and finish times of staff who worked in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had received up-to-date mandatory training and refresher training was also available to staff as required. At the time of inspection, the person in charge had commenced supervision with staff.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had ensured that the annual review and six-monthly provider-led visits were completed in line with the requirements of the regulations. Systems were in place to oversee the quality and safety of care delivered to residents and regular meetings were held with staff to ensure changes within the organisation were communicated to them.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Following the last inspection, the provider had ensured that written agreements informed residents and their representatives of all charges to be met at the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which described the services delivered and it was regularly reviewed by the person in charge.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were reported to the Chief Inspector as required by regulation 31.

Judgment: Compliant

## Quality and safety

Since the last inspection, the inspectors found the provider had made improvements to the quality and safety of care received by residents in this centre.

There were three premises in this designated centre and these were found to be designed and laid out to meet the needs of residents living here. In response to the changing behaviour support needs of a resident living in the centre, the provider

had adapted the design of the premises they lived in to ensure the safety this resident was maintained. The person in charge told the inspectors of the plans to complete re-decoration works to this house subsequent to the inspection to ensure it provided a homely environment to the resident living there.

Residents' personal plans were comprehensive and clearly guided staff on how to support individuals' assessed needs. Personal plans were regularly updated and reviewed every six months to ensure their effectiveness. The provider encouraged the involvement of residents and their representatives in the development of personal plans, through their attendance at review meetings and the provision of accessible personal plans to inform residents about how their needs would be met at the centre.

Where residents presented with behaviours that challenge, these residents had clear behaviour support plans in place which were regularly reviewed and staff who spoke with inspectors were aware of their responsibility in supporting these residents. In response to the changing behaviour support needs of residents, some restrictive practices were recently implemented to support the management of these behaviours. However, some improvements were required to ensure all restrictive practices were supported by an appropriate risk assessment.

Since the last inspection, improvements were made to the arrangements to safeguard residents' personal possessions and to the systems in place to ensure that residents were protected from harm. The provider ensured that where safeguarding concerns were identified, these concerns were addressed in a timely and responsive manner through clear reporting protocols by staff. In addition, the provider's training programme ensured that staff were knowledgeable on the signs of abuse and actions to take, if suspected, in-line with organisational policy and current health and social care practices.

Fire safety precautions were in place at the time of inspection, including, regular fire drills, up-to-date staff training in fire safety, regular fire checks and emergency lighting arrangements. Staff spoke with confidence about how they would effectively evacuate residents from the centre in event of a fire. Following the last inspection, the provider had improved the systems in place to detect and contain fire in the centre. A new fire alarm system was installed within each premises to ensure staff and residents would be alerted to fire in the centre. The inspectors found that although the registered provider had completed some of the fire containment works they committed to, some fire containment measures had not been fully implemented. Subsequent to the inspection, the provider gave written assurances to the inspector that the remaining fire upgrade works had been completed.

There was a system in place to ensure risks were identified, assessed and managed in this centre. A risk register was in place and this was regularly reviewed by the person in charge. However, some improvements were required to ensure systems were in place to guide staff on how to effectively access additional staff support when lone-working in the centre. Further improvements were also required to some organisational risk assessments to ensure they clearly identified the control

measures in place to mitigate against specific risks.

### Regulation 10: Communication

Residents were supported to express their needs and wishes in their preferred method of communication at the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retrained control of their personal property, possessions and that support was provided for residents to manage their own financial affairs.

Judgment: Compliant

### Regulation 17: Premises

Each premise of the designated centre was found to be designed and laid out to meet the aims and objectives of the service and the number and needs of the residents living there.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place to identify, assess and manage specific risks identified in the centre and a risk register was regularly reviewed by the person in charge to monitor the controls in place to mitigate against specific organisational risks. However, some improvements were required to ensure:

- The lone working risk assessment did not consider the specific risks to staff members who supported residents with behaviour that challenges
- A procedure was not available to guide staff on what to do should they require additional staff support when lone working in the centre

- Some organisational risk assessments did not clearly identify all current and additional control measures in place to mitigate against specific risks in the centre

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, regular fire drills, regular fire checks, night-time fire safety checks, emergency lighting arrangements, clear fire procedures and evacuation plans. Since the last inspection, the provider had installed a new fire alarm and detections system and put additional fire containment measures in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered as prescribed to residents by suitably qualified staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans clearly guided staff on supports required to meet residents' assessed needs and were subject to regular review to ensure they were up-to-date and provided continuity of care.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to access healthcare professionals as and when required when. In addition, healthcare protocols were subject to regular review and reflected current healthcare professionals' recommendations.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents presented with behaviour that challenges, these residents received regular review and had clear plans in place to guide staff on how to provide support to these residents. Staff had received up-to-date training and were found to be knowledgeable of their role in supporting these residents. There were some restrictive practices in place; however, not all of these practices were appropriately risk assessed.

Judgment: Substantially compliant

### Regulation 8: Protection

Following the last inspection, the provider had reviewed support arrangements at the centre, which ensured that residents were safeguarded from possible abuse. In addition, the provider's training programme ensured that staff had regular access to training on current practices for the safeguarding of vulnerable adults.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Bramble Services OSV-0004465

Inspection ID: MON-0021885

Date of inspection: 27/08/2018

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A complete review of the risk assessments and procedures in regards to lone working are being reviewed in conjunction with the behavior support team which will include procedures to guide staff should they require additional staff support in the event of people supported engaging in behaviors of concern.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:</p> <p>A complete review of all restrictive practices and there accompanying risk assessments at the center are currently taking place in consultation with the behavior support team.</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 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	30\11\2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30\11\2018