



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

Name of designated centre:	The Brook
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	23 August 2018
Centre ID:	OSV-0004871
Fieldwork ID:	MON-0021920

## About the designated centre

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

The Brook provides a residential and day support service to two male or female residents over the age of 18, who present with an intellectual disability. The Brothers of Charity Service Ireland are the service provider and the centre is located in a town in county Clare. The Brook is a semi-detached bungalow with a front and rear garden. The rear garden has been developed as a landscaped sensory garden. There are three bedrooms in the designated centre. The kitchen and dining room are open plan. There is a main bathroom which is fully accessible to each resident. One bedroom that is used for staff sleepover is also an office. There is also a relaxation / sensory room. Staff work in the centre by day and night to support the residents.

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

Number of residents on the date of inspection:

2

## 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
23 August 2018	09:00hrs to 17:00hrs	Michael O'Sullivan	Lead
23 August 2018	09:00hrs to 17:00hrs	Anne Marie Byrne	Support

## Views of people who use the service

The inspectors had an opportunity to meet with the two residents living in the centre. One of these residents communicated directly with the inspectors. This resident indicated that they were very happy and well cared for by staff. Where residents were unable to communicate directly they used gestures and electronic communication aids.

Prior to the inspection, residents had been supported by staff and family members to complete questionnaires that indicated a high level of satisfaction with the service provided. One resident told inspectors of their interests and activities that included the gym, swimming, shopping, walking, coffee shops, concerts and day trips / holidays. Inspectors observed respectful and warm communication between staff and residents.

## Capacity and capability

The inspectors found that the provider had the capacity and capability to deliver a safe service of quality to the residents of the designated centre. There was evidence that the provider had addressed areas of non-compliance since the last inspection. It was evident that the service supported residents' care and welfare to a high standard, with a strong emphasis on social care needs. The provider had additional staff resources in place on the day of inspection to facilitate the inspection and to ensure limited impact on the residents.

The person in charge was employed in a full-time capacity and was actively involved in the designated centre across the week and weekends. Many improvements had taken place supported by auditing, which included the complaints procedure, individual care plans and personal care plans, risk register reviews, manual handling assessments, infection control and improved fire safety standards. The person in charge was in receipt of formal support and supervision from their line manager.

The staffing levels in the designated centre were in line with the assessed needs of the residents and provided a continuity of care. Regular staff team meetings were occurring and staff present on the day had very good knowledge of the residents' needs. All staff were in receipt of training specific to their role and the needs of each resident. The provider had ensured that all staff were in receipt of mandatory training including fire and safety, safeguarding and managing behaviour that challenges. There was evidence that staff whose training was due to expire had been booked on refresher courses. There was an extensive training programme in place for staff specifically based on the personal and clinical needs of the residents.

All staff had a supervision schedule in place to support their development.

The provider had operational systems in place through its management structure that provided good oversight of the services delivered. Lines of authority were clearly defined. Annual reviews and unannounced provider-led visits were conducted and documented. Where improvements were required, the provider had taken measures to address these. Inspection reports and the national standards were available to families and residents. The designated centre was resourced to provide services as outlined in the statement of purpose.

The person in charge had a system in place to notify the Chief Inspector of all incidents occurring in the designated centre.

There was clear evidence that all complaints were logged and addressed. Low level complaints were addressed by the person in charge whose name, picture and contact details were on the communal notice board, in an easy-to-read format. The complaints procedure and the manner of appeal were attached to the notice board.

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

The provider had ensured that the prescribed documentation for the renewal of the designated centre was submitted as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary skills, experience and professional qualification to discharge the role and manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that all staff had access to appropriate training, were appropriately supervised and were informed of the regulations and standards as prescribed by the Act.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents in the designated centre. All information specified by Schedule 3, paragraph 3 were in place.

Judgment: Compliant

### Regulation 23: Governance and management

The provider's governance arrangements ensured that resident's were safe and supported. There were clear lines of authority within the management structure. There were systems in place to ensure the designated centre was adequately resourced. Annual reviews relating to quality and safety had been undertaken in consultation with residents and their families. The previous inspection report was available to residents and their families.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was subject to regular review and it reflected the facilities and services provided to residents at the centre. Information required under Schedule 1 of the regulations was in place. The provider was requested to clarify specifically the service provision from a day centre adjacent to the designated centre and the use of a laundry facility in light of an application to renew registration.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place to notify the Chief Inspector of all incidents occurring in the designated centre. All incidents were investigated with documentary evidence of follow up and closure. All actions were clearly documented.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had a procedure in place to process and manage complaints. Staff had a good knowledge of the complaints procedure.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that following the last inspection of this centre in July 2017, the provider had made improvements to the quality and safety of care received by residents.

The centre was found to be clean, spacious and provided residents with a homely environment to live in. Residents had access to their own bedroom, a shared bathroom, a relaxation room and a dining and kitchen area. Residents also had access to a garden both to the front and rear of the centre. The provider had the appropriate manual handling equipment and level access entry in place to meet the mobility needs of residents living in this centre.

Staffing and transport arrangements ensured residents received the care and support that they required and that they had the opportunity to spend each day as they wished. Residents enjoyed a range activities such as dining out, walks, water activities, regular home visits to their families and attended group based activities. Since the last inspection, the provider had made improvements to the arrangements in place to support residents with specific healthcare needs. Staff who spoke with the inspectors were aware of their daily role in supporting these residents, staff were guided by the recommendations of various allied healthcare professionals and had clear guidance available to them on how to adequately support these residents. However, some further improvements were required to the personal plans in place



for residents with neurological and manual handling needs.

The provider had fire precautions in place, including, fire fighting equipment, clear fire exits, regular fire drills, emergency lighting and regular checks of fire systems. Staff had received up-to-date fire safety training and staff spoke confidently with inspectors about their role in supporting residents in an evacuation. Since the last inspection, the provider made improvements to the fire containment measures in place in this centre, with self-closing fire doors now available throughout the centre. There was a fire alarm system in place which was regularly maintained; however, this system was not connected to all areas of the centre which meant that staff in the main house would not be alerted to fire in the external utility and day service areas.

Arrangements were in place to ensure safeguarding concerns were identified and managed in a timely manner. In response to a previous safeguarding incident, the provider had put safeguarding measures in place which ensured residents were maintained safe from similar incidents re-occurring. Where residents presented with behaviour that challenges, arrangements were in place to support these residents. There were restrictive practices in place and these practices were subject to regular review and staff knew how to appropriately and safely apply these restrictions.

The provider had a system in place to ensure organisational risks were regularly reviewed and that residents were kept safe from identified risks. However, on the day of inspection inspectors observed that the provider had not identified risks associated with the storage of external gas cylinders. This was brought to the attention of the person in charge on the day of inspection who provided written assurances to the inspectors subsequent to the inspection that his risk had been responded to. Although the provider had measures in place to respond to the manual handling needs of residents in this centre, further improvement was required to ensure the measures in place were supported by an appropriate risk assessment. A risk register was maintained and was reviewed regularly by the person in charge and she also had a system available to her to escalate risk to senior management, as required. However, some improvements were required to ensure organisational risk assessments adequately described the current measures in place and additional control measures required to manage specific risks in this centre.

## Regulation 10: Communication

Where residents had assessed communication needs, these residents had plans in place to guide staff on how to communicate with them. Inspectors observed staff to interact well with residents and staff were very familiar with specific gestures used by residents to express their wishes. Residents had access to television, radio and Internet in this centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to participate in activities of interest to them. Residents had access to one-to-one staff support to engage in activities of their choice. No residents were involved in education or employment at the time of this inspection.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of the premises was suitable to meet the needs of the residents living there. The centre was found to be clean, nicely decorated and provided residents with a homely environment to live in.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide in place accurately summarised the services and facilities within the designated centre. The terms and conditions of residency were available to each resident. The procedure for complaints was in an easy-to-read format and accessible to residents. Video directions were available on residents' electronic tablets to aid communication and to ensure proper positioning techniques were used by staff.

Judgment: Compliant

### Regulation 26: Risk management procedures

Some improvements were required to the identification, assessment and response to risks in this centre, including,:

- Staff did not have access to a clear risk assessment to guide them on the assessed manual handling needs of some residents.
- Although organisational risk assessment were regularly reviewed, some did not accurately described the control measures in place and additional control measures

required to mitigate against specific risks
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
Although the provider had made improvements the centre's fire safety arrangements since the last inspection, some improvements were required to ensure the main fire alarm system was connected to the utility area and day service area.
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
All medications in the designated centre were administered as prescribed. All medications were securely stored and a pharmacist was available to the residents. Residents were assessed in relation to self medication. All staff had trained in medication management.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Residents' assessments and personal plans were found to be regularly reviewed and adequately guided staff on the support that each resident required.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Some improvements were required to the plans in place to guide staff on how to support residents with epilepsy and manual handling needs.
Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Resident with assessed behaviour support needs received regular review and staff had the skills and knowledge on the support required by these residents.

Where restrictive practices were in place, these practices were supported through regular review and the provider had developed clear protocols to guide staff on their appropriate application.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to identify, report and respond to any safeguarding concerns within this centre. Staff were aware of their responsibility to report any safeguarding concerns to the person in charge. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Brook OSV-0004871

Inspection ID: MON-0021920

Date of inspection: 23/08/2018

## 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>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.</p> <p>The PIC has developed a Central Evacuation Emergency Plan, which was in place on the day of the inspection, which outlines staff's responsibility and the procedure to follow, both during day and night hours, in the event of an evacuation due to Fire.</p> <p>The Risk register has been reviewed to include all control measures in place with regard identified risks.</p> <p>A referral has been made to an Occupational Therapist, to review Manual Handling techniques and the number of staff required to carry out such tasks. The OT's recommendations will be implemented and the Manual Handling Risk assessment updated to reflect same.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider shall make adequate arrangements for – detecting, containing and extinguishing fires.</p> <p>The current L1 Fire Alarm system in the house was altered to include the separate utility room/day service area. Fire detection systems were put in place in the utility area/day service building located outside the Designated Centre ensuring that fire detection systems are now in place in both area's and both buildings will be alerted by the alarm system in the event of an outbreak of fire on the premises.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The registered provider shall provide appropriate health care for each resident, having regard to that resident’s personal plan.</p> <p>Individuals personal plan, health care plan and epilepsy care plan has been reviewed and updated to provide guidance to staff in case of seizure in an alternate location to the individuals bed.</p> <p>An occupational Therapist, whom previously carried out a Manual Handling assessment, will review the current staffing arrangements when engaging in Manual Handling for an individual and provide recommendations regarding the required staffing levels to carry out these tasks.</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	01/12/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	12/09/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/12/2018

