



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

Issued by the Chief Inspector

Name of designated centre:	No.2 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 January 2020
Centre ID:	OSV-0005129
Fieldwork ID:	MON-0022612

About the designated centre

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

The designated centre provides residential supports for a maximum of 9 male adults aged over 18 years. It provides support for persons with moderate to severe levels of intellectual disability, including those with autism. Some individuals may have high medical and physical support needs and also require assistance with communication and behaviours that challenge.

The designated centre comprises of two houses, Ashcroft and Donaree, both of which are located in a village outside Cork city. Ashcroft, is a detached dormer-style house with an adjacent apartment, which provides supports for up to 4 adults. Donaree is a bungalow, set on an elevated site with panoramic views over-looking the harbour. Staffing qualifications include social care, social studies, disability studies and health care. Nursing input is provided as required. The staffing complement for Ashcroft is 6.5 whole time equivalent. Donaree has a staffing compliment of 7 whole time equivalent.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2020	09:00hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet all of the residents who lived in the designated centre. The designated centre consisted of two community houses. The inspector met with five residents living in one of the community houses on the morning of the inspection. The inspector then met the four residents living in the second community house in the afternoon, on their return from day services.

On the morning of the inspection, the inspector was greeted with excitement from the residents who lived there. A number of residents living in the designated centre used alternative methods to communicate. It was evident during the inspection that staff members were familiar with, and were able to interpret, the signals, likes and choices made by residents. Staff members facilitated communication between the residents and the inspector in a respectful and courteous manner. Staff members were also observed using manual signing communication methods with residents.

Two residents were observed having their breakfast. It was evident that the individual needs and choices of residents had been respected in preparing their breakfast. One resident spoke about going for coffee, and how they enjoyed tasting all the different varieties of coffee on outings supported by staff members. Another resident told the inspector that they had recently attended a friends birthday party. The resident spoke about the fun they had dancing and enjoying the celebrations.

Residents told the inspector that they liked their home and that they were very happy living there. When asked if they liked where they lived, one resident was observed laughing and smiling to the inspector. Residents also told the inspector about staff members who regularly visited them. It was evident that all residents were comfortable and relaxed in the presence of staff members.

One resident had retired from day services, and they were supported by a staff member during the day. The resident was observed laughing, smiling and dancing with staff members. The resident was supported to go for a drink and a cake during the inspection. The resident told the inspector about where they had been on their return and told the inspector that they had enjoyed it. One resident declined to speak with the inspector and this choice was respected.

In the afternoon, the inspector was greeted by residents living in the second community house. The inspector spent some time sitting in the company of two residents who were watching a movie in the sitting room. The atmosphere in the designated centre appeared calming and residents appeared relaxed and comfortable. Interactions with staff members were noted to be respectful and positive in nature. Another resident briefly said hello to the inspector before they went for a drive with the support of staff.

The inspector was invited to look around both community houses. It was evident

that the houses had been decorated in line with residents' wishes. One resident told the inspector that their bedroom had been painted blue, which was their favourite colour. Residents' bedrooms were decorated with personal items including photographs, books and ornaments. The building was clean, warm and homely in nature.

Residents and their representatives were provided with the opportunity to complete a questionnaire about the quality of care and support they receive in the designated centre. The inspector received nine questionnaires which indicated that overall residents were happy with the quality of supports provided in the designated centre. Residents in one of the community houses had identified through the questionnaires that the current bathroom facilities no longer met their needs. However, it was identified that plans to upgrade these facilities were due to begin shortly after the inspection. The findings of the questionnaires were discussed with the person in charge on the day of the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that effective management systems were in place to ensure positive outcomes for residents. Clear lines of authority and accountability were in place. A suitably qualified individual had been appointed as person in charge in the designated centre.

An annual review of the quality and safety of care and supports had been carried out. It was evident that the review was comprehensive in nature and incorporated the views of residents. Unannounced six monthly visits were completed which identified actions to be completed, and the individuals responsible to ensure these actions were completed.

The inspector reviewed the designated centre's training matrix. All staff members had received mandatory trainings in the safeguarding of vulnerable adults, fire safety and managing behaviour that is challenging. Staff members had also completed site specific training including epilepsy management, manual handling and first aid. It was noted that a text system had been trialled in the designated centre, where a text reminder was sent to staff members to remind them of upcoming scheduled training. The person in charge and social care leaders had identified that this initiative had improved the attendance at these trainings.

An easy read complaints procedure was available to residents which included an appeals process. Inspectors observed evidence that staff had supported residents to make a complaint and to use the appeals process, in line with organisational policies and procedures. It was evident that action was taken on foot of complaints made by residents, and that this was used to inform service development.

The registered provider had not ensured that the policies and procedures referred to

in Schedule 5 were reviewed and updated at intervals not exceeding three years. At the time of the inspection, three national policies required review.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records in relation to each resident as specified in Schedule 3 and the additional records specified in Schedule 4 were maintained and available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre on the day of inspection.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured that effective arrangements were in place, in the event that the person in charge was absent from the designated centre for a period of 28 days or more.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

Judgment: Substantially compliant

Quality and safety

The inspector observed the quality and safety of the service provided to residents and found that it was of a very high standard. Both community houses were presented as welcoming, warm, bright and clean. Each resident had their own bedroom. Residents had chosen how they would like to decorate their bedrooms and the home environment. There were plans in place to upgrade one of the community houses, to provide a bathroom which would meet the assessed needs of the residents. It was evident that these plans were being completed in consultation with residents. These works were due to start after the inspection.

A total communication system was in place in the designated centre, following the provision of this training to staff members. Staff members were observed using manual signing communication systems with residents, which were effective in facilitating communication. Training in manual signing communication had been provided to staff members, with visual supports available to staff and residents to ensure that these signs were being used. Residents had access to appropriate media, including the internet, television and radio. Staff members spoken with told the inspector that residents were regularly supported to video call family members.

It was evident that residents were regularly consulted with regarding the management of the designated centre, through the use of resident meetings. The inspector reviewed records of these meetings and found that they had been adapted in line with the total communication systems in place in the centre. Agenda items included the bathroom upgrade, healthy eating and deciding when residents would like to take down the Christmas decorations. It was evident that all residents' views were documented in the notes of these meetings, including residents who used alternative communication methods.

Residents and staff members told the inspector about the places they had visited

since the last inspection. Residents in one of the community houses had been on holiday to France, where they had rented a villa with a pool. Residents and staff members reported that the holiday went well and that it was enjoyed by the residents. Residents had also been to see the pantomime at Christmas, celebrated significant events with friends and family and attended local community amenities. Residents were supported to receive visitors.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. The process of updating the personal plan was dynamic and ensured that it was subject to review as changes in needs or circumstances arose. The health and wellbeing of residents was promoted and supported in a number of ways. All residents' identified health needs were supported by an appropriate plan of care. Residents had been supported to identify goals, including what they would like to do over the coming year. These goals were the subject of regular review, and it was clearly identified how staff members would support the resident to achieve their goals.

The inspector reviewed the medicines management systems in place for residents. Improvements were required to ensure that they included the route of administration for medicines, and the maximum dose of medicines to be taken.

The fire alarm panel and fire detection systems were inspected and serviced quarterly by a registered contractor. Emergency lighting and fire doors were in place within the designated centre. Break glass panels were available throughout the centre and the fire extinguishers had been serviced. There was a personal emergency evacuation plan in place for each resident. It was noted that there was one accessible emergency exit for two residents, who used a wheelchair to evacuate in the event of fire. After the inspection, the registered provider submitted evidence from a competent person, to state that they were assured that the arrangements in place for evacuation in the event of a fire, were effective.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported at all times to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to develop and maintain personal relationships and links

within the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that upgrades to the designated centre were being made to ensure the designated centre continued to meet the needs and objectives of the service, and the number and needs of residents. The premises were clean, warm and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had systems in place to ensure that residents were protected against infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place at the centre and both residents and staff were involved in regular fire evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the designated centre had appropriate and suitable practices relating to the prescribing of medicines. Improvements were required to ensure that medicines management systems included the route of administration for medicines, and the maximum dose to be taken.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plan was the subject of a review as there were changes in residents' needs or circumstances.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident, in accordance with their wishes, age and nature of their disability, had the freedom to exercise control in their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.2 Brooklime OSV-0005129

Inspection ID: MON-0022612

Date of inspection: 21/01/2020

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:

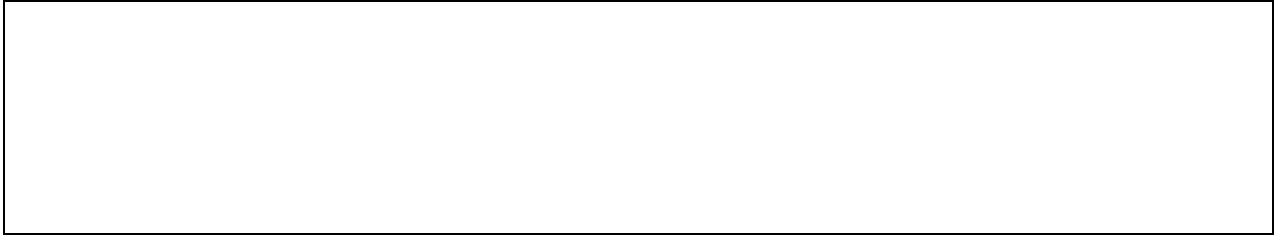
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Provider has a Policy review group which oversees the updating of all National Policies.</p> <p>It has updated the three national policies due at the time of inspection. One was approved by the Board on 8 January 2020, the second was approved on 30 January 2020 and the third draft update was circulated for final comment on 23 January 2020 and will be finalised in March 2020.</p> <p>These policies and other local policies due update will be circulated to the Centre by 31 March 2020.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the Medication Administration Records took place with the Pharmacy, the Social Care Leader and Person in Charge. All records were amended to include the route of administration for medicines and the maximum dose of medicines to be taken on the 23/1/2020.</p> <p>The PIC will ensure that MARS are reviewed for completeness on a regular basis and this forms part of the PIC Medication audits.</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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	23/01/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	31/03/2020

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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