



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	03 September 2020
Centre ID:	OSV-0005147
Fieldwork ID:	MON-0030014

About the designated centre

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

No 4 Brooklime is located on the outskirts of a large town in Cork. The centre provides residential support for up to three adults with severe levels of intellectual disability including those with autism. The individuals have multiple/complex support needs including behaviours that challenge. The service is based on a social care model. To meet the needs of the residents the house has been refurbished and redesigned to incorporate two self-contained apartments. It is a ground floor premises with large garden spaces and a patio area in a tranquil setting. Access to local amenities and shops requires the use of transport. One apartment can support two residents, each with their own bedroom. There is also a shared bathroom, separate toilet area, kitchen-dining area, utility room and two sitting rooms. The second apartment supports one resident who has their own bedroom, sitting room, kitchen-dining area, bathroom and shower room, staff office/bedroom with en-suite and a store room. The centre's focus is on providing a consistent and predictable supported environment including a total communication approach by staff. The individual needs of the residents are supported in a homely environment and they are supported to reach their fullest potential by participating in leisure, social and household activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 3 September 2020	08:30hrs to 13:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet one of the residents who lived in the designated centre. The inspector was told by staff members that the resident was curious and may not adhere to social distancing. Therefore the inspector said hello to the resident and observed them from a distance while they were waiting to go to their day service. The resident appeared happy and was observed smiling while they looked out the window to see if the day service staff had arrived. The resident was observed holding a backpack. Staff members told the inspector that this was used as an object of reference to indicate to the resident that they would be going to day service. A different object of reference was used on the weekends, to indicate that the resident would not be going to day service that day. The inspector observed a number of interactions between staff members and the resident and found them to be respectful in nature. It was evident that the resident was comfortable in the presence of staff members.

Another resident was being supported by day service staff in their home at the time of the inspection. The inspector did not visit this resident as it was noted that they had been unwell before the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that it was of a very high standard. It was evident that effective monitoring and oversight of the designated centre had been maintained, and that this had a positive impact on the quality of service that residents received in their home.

At the time of the inspection, the person in charge had been absent from the designated centre for more than 28 days. The registered provider had ensured that the Health Information and Quality Authority (HIQA) had been notified of the absence of the person in charge, and the arrangements that would be in place to ensure effective oversight was maintained. The designated centre had a social care leader, who reported to the person responsible during the absence of the person in charge. It was evident that the social care leader had an excellent knowledge of the needs of the residents. The person responsible during the person in charges absence and the social care leader had ensured that a high standard of care was provided to residents, and that the arrangements in place to ensure the service provided to residents was effectively managed and monitored were effective.

The registered provider maintained oversight by completing six-monthly

unannounced visits and an annual review of the services provided to residents. Following these reviews, an action plan identifying areas for improvement was developed. It was evident that the views of residents and their representatives were included and that they were consulted in these service reviews.

Residents living in the designated centre were supported by a consistent team of social care workers and care assistants. Following a review of the designated centre's rota and residents' personal plans, it was evident that the staffing levels in place were in line with the assessed needs of residents and the designated centre's statement of purpose. A review of the designated centre's training matrix demonstrated that staff members had received mandatory training to support them in their role. Where face to face trainings had been cancelled due to COVID-19, they had been rescheduled to allow for social distancing, or online training had been provided.

The registered provider had made an application to renew the registration of the designated centre in a timely manner. As part of the application, a number of documents had been submitted to HIQA. This included the designated centre's statement of purpose and resident's guide. It was evident that these documents met the requirements of the regulations. The registered provider had ensured that the designated centre was adequately insured.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application for the renewal of the registration of the designated centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development

programme.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. This directory was made available to the inspector when requested, and contained the information specified in paragraph (3) of Schedule 3.

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 a clearly defined management structure was in place, which clearly identified the lines of authority and accountability in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the designated centre at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was notified in writing, following adverse incidents occurring in the designated centre.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

Where the person in charge was absent from the designated centre for a continuous period of 28 days or more, the registered provider had given notice in writing to the chief inspector of the proposed absence.

Judgment: Compliant

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

Where the registered provider had given notice of the absence of the person in charge from the designated centre under Regulation 32, notice had been given in writing to the chief inspector of the procedures and arrangements that would be in place for the management of the designated centre during the said absence.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that a person who is not involved in the matters the subject of the complaint was nominated to deal with complaints by or on behalf of residents. The complaints log was maintained in the designated centre and available to the inspector on request.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the care and supports provided in the designated centre and found that residents received a high quality service. The premises of the designated centre was a bungalow, which had been adapted to contain two self-contained apartments for the residents who lived there. One apartment can support up to two residents, each with their own bedroom. There is also a shared bathroom, separate toilet area, kitchen-dining area, utility room and two sitting rooms. At the time of the inspection, there was one resident living in this self-contained apartment. The second apartment supported one resident who had their own bedroom, sitting room, kitchen-dining area, bathroom and shower room, staff office/bedroom with en-suite and a store room. It was evident that the premises of the designated centre had been upgraded since the last inspection. A number of areas had been painted, and pictures had been placed on the wall of one residents apartment. It was evident that this had been done in line with the sensory needs of the resident. The designated centre was observed to be clean and suitably decorated.

The inspector reviewed a sample of the residents' comprehensive assessments and personal plans and found that they provided clear guidance to staff members on the supports to be provided to residents. Appropriate healthcare was provided to residents in line with their assessed needs. For example, on arrival to the designated centre the inspector was informed that one of the residents was unwell. It was evident that the resident had been provided with healthcare in line with the advice received from their general practitioner (G.P) and appropriate allied health professionals.

Where residents required support to manage their medicines, it was identified in their personal plan how they liked to receive their medicines. The inspector reviewed a sample of residents' medicines administration records and PRN (medicines only taken when needed) protocols and found that they provided clear guidance to staff members in the administration of these medicines. Medicines were stored securely in the designated centre.

Since the last inspection, one resident had transitioned from the designated centre. Staff members spoken with told the inspector about the positive impact this transition had on the resident who had transitioned, and the residents who continued living in the designated centre. The transition had ensured that all residents were safeguarded from abuse. Residents living in the designated centre were subject to the ongoing assessment and review of plans to support them to manage behaviour that is challenging. A learning log had been put in place to ensure that the response to behaviour that is challenging was in line with the assessed needs of the residents, and that recommendations for improvement were

identified.

A number of measures had been put in place to ensure that all residents were protected from potential sources of infection. A COVID-19 folder had been put in place with updated information and guidance. Due to the assessed needs of residents, staff members wore face masks at all times in the designated centre. There was evidence of regular temperature checks being taken for both staff and residents. Staff members were aware of the procedures for reporting and managing a notifiable disease. At times when staff members had to wear personal protective equipment, staff members wore a lanyard with the photograph of the staff member so that the residents knew who the staff members was. The lanyard could be wiped and cleaned appropriately after each use.

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with opportunities to participate in activities in accordance with their interests. Residents enjoyed picnics, going to the beach and overnight hotel trips. Staff members had ensured that residents continued to engage in activities throughout the COVID-19 pandemic in a safe and controlled manner.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the designated centre was kept in a good state of repair. It was observed to be clean and suitably decorated, in line with the assessed needs of residents.

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 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.

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

The registered provider had ensured that effective fire safety management systems were in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had suitable practices relating to the prescribing, storing and administration of medicines.

Judgment: 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.

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 residents' rights were promoted in the designated centre.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant