



## Office of the Chief Inspector

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

Name of designated centre:	Brookside House
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005714
Fieldwork ID:	MON-0021245

## About the designated centre

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

Brookside House provides a residential service for a maximum of four adults, both male and female over the age of 18 years with complex support requirements. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support. The centre comprises of four bedrooms, one of which has an en-suite, a large communal bathroom, a large sitting room, a kitchen and sun room. The centre is staffed by direct support workers and each shift is coordinated by a team leader. The centre is situated in a small town in County Meath.

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

Number of residents on the date of inspection:	4
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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
10 July 2019	11:30hrs to 19:30hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

The inspector met with and spoke to four residents during the day of inspection. Residents said they were very happy in their home and in particular loved their bedrooms. Residents told the inspector that they got on well with each other and enjoyed each others company. Residents told the inspector about the things they enjoyed to do, which included going to line dancing, playing tennis and going out for day trips on the train. They said that they enjoyed busy lives and staff supported them to access their community.

Throughout the inspection, the inspector observed staff engaging in a very positive manner with residents. Residents appeared very comfortable with staff and this led to a very positive atmosphere within the centre.

## Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it accurately described the designated centre's aims and objectives and the services provided. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement. However, the provider had not ensured that an annual review of the quality and safety of care in the centre had taken place. The system to ensure all statutory notifications were returned in a timely manner required review, as a small number of these notifications had not been submitted to the Office of the Chief Inspector. These notifications were submitted post inspection.

The provider had ensured that staff had the required competencies to manage and

deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. The provider had ensured that staff had the skills and training to provide support for residents.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Residents understood the complaints procedures and this was regularly discussed with residents, during the weekly residents meetings.

#### Regulation 14: Persons in charge

The person in charge manages more than one designated centre but has ensured the effective governance, operational management and administration of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had not ensured that an annual review of the quality and safety of care in the centre had taken place.

Judgment: Not compliant

#### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. The statement of purpose had been reviewed when required and was available.

Judgment: Compliant

### Regulation 31: Notification of incidents

While there was a log of all accidents and incidents, some were not reported to the Office of the Chief inspector as required. Not all NF06's had been notified as required, and not all incidents of physical restraint had been notified quarterly.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

## Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community. This enhanced residents quality of life and promoted a positive atmosphere within the centre.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment,

management and on-going review of risk. This included arrangements for implementing a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This supported residents to engage active community participation without undue restriction. Any incidents that did occur were reviewed for learning, however at times these reviews were not completed in line with the organisations policy or in a timely manner.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were displayed in the centre.

The centres practice relating to the management of medicines was generally good. Throughout the day the inspector observed safe medication management systems and practices. There was a clear process for the ordering, prescribing, storing and administration of medicines.

### Regulation 13: General welfare and development

Residents were provided opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

While there was a risk management policy and appropriate practices were in place, some gaps were evident in the maintenance of some documentation. For example, there were delays in the timely reviewing of some adverse incidents. There were inconsistencies between the risk register and individual risk assessments that required further review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required.



Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal, and administration of medicines was appropriate.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to each residents' personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

### Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Brookside House OSV-0005714

Inspection ID: MON-0021245

Date of inspection: 10/07/2019

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An Annual Review of the quality and safety of care in the centre will be completed with the current PIC.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will notify the office of the chief inspector of any events set out in regulation 31 that occur; within the specified timeframe. Transport holds to be reported in the NF39’s going forward.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will review and update the local risk register on a regular basis to reflect the level of risk as indicated by incidents and the individual residents risk assessments. The PIC will ensure that any incidences that have occurred within the center are reviewed in a timely manner, and risk assessments are updated if required.	

## 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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	20/08/2019
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	31/07/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	10/07/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	10/07/2019