



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

Issued by the Chief Inspector

Name of designated centre:	Brambley Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	16 November 2021
Centre ID:	OSV-0005011
Fieldwork ID:	MON-0026968

About the designated centre

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

This designated centre is run by Brothers of Charity Services Ireland CLG. The centre can cater for the needs of up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one building, with four separate apartments, located on a campus setting, on the outskirts of Galway city. Residents have their own bedroom, some en-suite facilities, bathrooms, sitting rooms, laundry room and kitchen and dining area. Two enclosed garden areas are also available to residents to use as they wish. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 16 November 2021	11:10 am to 4:00 pmh	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This centre provided residents with an individualised service, ensuring their needs, wishes and preferences were at the forefront of the care and support that they received.

Upon the inspector's arrival to the centre, there was a homely and welcoming atmosphere, where residents were being supported by staff to go about their morning routines. The inspector had the opportunity to meet with five out of the six residents, with some having returned from swimming, some were preparing with staff to bake scones, while others were getting ready to head out with staff for the day. Due to the communication needs of these residents, they were unable to speak directly with the inspector about the care and support they receive; however, staff supported them to greet her, with one resident showing their bedroom to the inspector.

The centre comprised of one building, which contained four separate apartments, two of which were single occupancy and two could accommodate up to two residents. Each apartment was tastefully decorated, comfortable and spacious. Residents had their own bedroom, some en-suite facilities, bathrooms, laundry room, sitting room and kitchen and living area. Five residents shared a communal garden area, which was enclosed for their safety. In response to the behaviour support needs of some residents, significant emphasis was placed on the design and layout of their apartments. For example, one resident had access to their own enclosed garden area, which contained edible plants, decking area and spacious grounds for this resident to use. Windows were embossed in these apartments, to ensure the privacy and dignity of these residents was maintained. Furthermore, where some residents required restricted access to food and drink, the provider had put arrangements in place, whereby, these residents could still safely access all areas and amenities within their kitchen and bathroom.

Residents proudly displayed photos and had items of interest to them in their apartments. For example, one resident liked music and liked to spend time on their own in their bedroom, which contained, comfortable seating, a hand held computer, headphones and music system. In some shared apartments, two sitting rooms were available, which meant these residents could spend recreational time on their own independent of their peer, if they wished to do so. In response to the behaviour support needs of some residents, a shared kitchen arrangement was in place between some apartments and the person in charge told the inspector that this worked well for these residents. Staff had done much work with residents to ensure each resident was respectful of their peer's apartment area and staff told the inspector of how they had integrated apartment visits with residents as part of an activity. This had a positive impact for these residents as it meant they had opportunities to meet with their peers who also lived in this designated centre.

Over the course of this inspection, the inspector was informed of upcoming plans to

review the process in which personal goals were identified and achieved for residents. A work-shop with staff was scheduled to occur in the coming weeks and the person in charge told the inspector that the intended purpose of this workshop was to ensure more meaningful goals were identified for residents, and that clear actions were put in place to ensure residents had optimum opportunity to achieving these goals. The person in charge also spoke of the plans in place to begin the transition process for some residents to move to the community in the future. Although these residents required staff support to engage in many activities, much focus was placed on ensuring that each resident was supported to access campus based amenities and their local area on a daily basis. Residents enjoyed going out for lunch, shopping and going for walks and adequate transport and staffing arrangements were in place to ensure this could occur. Some residents had recently attended a family wedding and had returned from a short break with their family. Residents were also encouraged to have regular home visits and to receive visitors in the comfort of their own apartment, if they wished to do so.

Continuity of care was an important aspect of how this centre operated. Many of the staff who worked here, had done so for many years and were very familiar with the needs of the residents. Where new staff were recruited, a robust induction programme was in place to ensure that these staff were given an opportunity to get to know the residents and their assessed needs, prior to working directly with them. Of the staff who spoke with the inspector, they were found to have very profound knowledge of the residents' assessed needs, particularly in the areas of behaviour support, communication and social care. Over the course of the inspection, staff were observed to interact with staff in a very respectful and kind manner.

The findings of this inspection will now be outlined in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre that ensured residents received a good quality and safe service. The provider was found to be in compliance with the regulations inspected against, with some minor improvements only required to aspects of behaviour support.

The person in charge was recently appointed to the role and she held very good knowledge of the residents' needs and of the operational needs of the service delivered to them. She was supported in her role by her staff team, team leaders and line manager. She was responsible for another centre run by this provider and adequate arrangements were in place to ensure that she had the capacity to also effectively manage this service.

The centre's staffing arrangement was subject to very regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Nursing support was also provided to residents, who required

this level of care. A waking staff arrangement was in place at night and these staff members were supported by a campus based night supervisor and sleepover staff. Staff who worked in this centre had done so for a number of years and were very familiar with each resident and their assessed needs. This had a positive impact for residents as it ensured they were always cared for and supported by staff who knew them well. A well-maintained staff roster was in place, which clearly identified staff members names and their start and finish times worked. An effective training arrangement ensured that each staff member received the training they required suited to their role held in the centre. In addition to this, staff also received regular supervision from their line manager.

The provider had ensured this centre was adequately resourced in terms of equipment, staff and transport. The person in charge regularly visited the centre to meet with residents and staff and her frequent presence greatly enhanced the oversight of the quality of care delivered to residents. She held regular meetings with her staff team and also met with team leaders, to discuss residents' care. She was in frequent contact with her line manager, which allowed for operational matters to be reviewed. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were required, time bound action plans were put in place to address these. Since her commencement, the person in charge had also completed a number of audits to monitor specific practices relevant to the centre, which had a positive impact to improving the service delivered to residents. For example, following a recent audit that reviewed the use of restrictive practices, the outcome of this audit resulted in a reduction in the number of restrictions in use for residents.

Registration Regulation 5: Application for registration or renewal of registration

At the time of inspection, the provider had submitted an application to the Chief Inspector of Social Services to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was recently appointed to the role and she was found to have good knowledge of the residents' needs and of the operational needs of the service delivered to them. Current arrangements gave her the support she required to have the capacity to ensure the service was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill mix of staff were at all times on duty to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring all staff received the training they required suited to their role. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Effective monitoring systems were in place to ensure the quality and safety of care was regularly reviewed and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and it included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to

the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was considerate of residents' assessed needs, particularly in the areas of social care and positive behaviour support, ensuring residents received the type of service that they required.

The centre comprised of one building, that contained four separate apartments. Some of these apartments were single occupancy, while others accommodated up to two residents. Residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, laundry, kitchen and dining area. Two enclosed garden areas were also available for residents to use as they wished. Overall, the centre was found to be well-maintained, comfortable and had a lovely homely feel to it.

Robust systems were in place for ensuring residents' needs were re-assessed on a minimum annual basis. Personal goal setting was an important aspect of the care delivered to residents and the person in charge spoke with the inspector about the plans in place to review this process to ensure optimum results for residents. A work-shop was scheduled to occur with all staff in the coming weeks, with the purpose of focusing on aspects of goal setting with a view to enhancing this process and identifying more meaningful goals for each resident. At the time of inspection, this process had already commenced for some residents and supporting documentation was reviewed by the inspector. This documentation was found to clearly identify meaningful goals for these residents, with a clear plan of action to support these residents to achieve their goals. The person in charge also spoke with the inspector about her intention to ensure she regularly met with residents' key workers to oversee residents' progress towards achieving their goals.

In response to the safety and behavioural support needs of residents, some environmental restraints were implemented and these were subject to regular multi-disciplinary review. Where some of these restrictions impacted residents in which they were not intended for, the provider had given consideration to this and put risk assessments in place to assess the overall impact to these residents. Staff who met with the inspector spoke about these restrictions and of how they minimised the use of these to ensure the least restrictive practice was at all times used. A large emphasis was placed on positive behavioural support and staff were very familiar with the measures that were to be implemented on a daily basis to provide these residents with the support they required with this aspect of their care. Through the implementation of effective behavioural support interventions, the centre had seen a significant reduction in the number of behavioural related incidents occurring. Although there were behaviour support plans in place, some required minor review to ensure clarity was provided on the response required by staff to specific

behaviours that residents sometimes exhibited. In response to residents who were identified as being at risk of absconding, the provider had risk assessments in place to demonstrate the measures in place to mitigate against this risk. Even through protocols were in place for this, some required minor review to ensure these adequately guided staff on what to do, should a resident abscond from the centre.

The provider had systems in place for the identification, assessment, response and monitoring of all risk in this centre. Staff who spoke with the inspector spoke about the various risks relating to residents and were very aware of their role in implementing control measures to mitigate against these risks. Risk assessments for both resident specific risks and organisational related risks were in place and these were subject to regular review to ensure the continued effectiveness of control measures.

The provider had effective fire safety precautions in place, including, fire detection and containment systems, emergency lighting arrangements, regular fire safety checks and all staff had received up-to-date training in fire safety. The provider had also recently completed fire up-grade works to the centre's fire containment system. A waking staff arrangement was in place at night and they were also supported by a campus based night supervisor and sleepover staff, which meant staff were available to quickly respond, should a fire occur at night. Multiple fire exits were available throughout the centre and these were maintained clear from obstruction. Regular fire drills were occurring and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. Each resident had an evacuation plan, which clearly outlined the level of support they would require, in the event of an evacuation. A fire procedure was also available at the centre, which clearly identified the response required by staff, should a fire occur.

Regulation 17: Premises

The centre comprised of one building, which contained four separate apartments. Here, residents had their own bedroom, some en-suite facilities, bathrooms, sitting rooms, laundry and kitchen and living areas. Two enclosed garden spaces were also available for residents to use as they wished. Overall, the centre was found to be comfortable, well-maintained and had a lovely homely feel to it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of all risk in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of staff and residents was maintained. Contingency plans were in place, should isolation of residents be required or the centre experience decreasing staffing levels, as a result of an outbreak of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, regular fire safety checks and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure residents' needs were re-assessed on a minimum annual basis.

Judgment: Compliant

Regulation 6: Health care

Systems were in place to ensure residents' health care needs were assessed for, as and when required. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that these residents received the care and support that they required. However, some minor improvement was required to the behavioural support plans for some residents, to ensure these adequately guided staff on the response required to some residents' behaviours. Review of absconson protocols was also required, to ensure these clearly outlined to staff what to do, should a resident abscond from the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had procedures in place for the identification, response and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre, with staff ensuring residents lived very meaningful lifestyles. Residents were also supported to be involved in the running of the centre through their daily engagement with staff.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brambley Services OSV-0005011

Inspection ID: MON-0026968

Date of inspection: 16/11/2021

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Behaviours support protocol has been updated by Advanced Nurse Practitioner and team. Full review and update of Missing Persons Protocols has been completed.	

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 07(1)	The person in charge shall ensure that staff have 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.	Substantially Compliant	Yellow	30/11/2021