



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2021
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0032626

About the designated centre

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

The designated centre is located in a large residential area located close to Cork City. The centre provides residential services to individuals with an intellectual disability, including those with autism. The service can accommodate both male and female residents from 18 years and has a capacity of nine residents. It is comprised of three houses located adjacent to each other. Residents are supported to participate in household, social and leisure activities and to reach their full potential in these areas of their lives. Residents are also supported in activities of daily living, food preparation, managing finances, participating and accessing local community facilities and events. Each house provides individual bedrooms for all residents with two residents availing of apartment style dwellings which have been incorporated into one of the houses. Each house has a garden area to the rear with a communal space at the front which all three houses can access. There are communal sitting rooms in each house with additional space for residents in the apartments. Each house has adequate kitchen and bathroom facilities that meet the requirements of the residents. Residents are supported by a social model of care with access to multidisciplinary supports. Each house has dedicated staff to support residents in their home by day with a sleep over staff in each house by night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Wednesday 28 April 2021	09:20hrs to 16:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with six residents in the designated centre, one resident in their new home, two residents as they left their house to attend their day service activities and three residents from the third house. All three of the houses were located next to each other in an urban residential estate. To reduce movement in the houses, as a result of the COVID-19 pandemic, the inspector was located in the dining room of one of the houses with permission from the resident who resided there. The inspector was introduced to residents at times during the day that fitted in with their daily routine, while adhering to public health guidelines and wearing personal protective equipment (PPE).

The inspector was greeted at the front door of the first house by the resident who had recently moved in a few weeks before this inspection, in March 2021. They spoke with the inspector in their sun filled dining room about how much they really liked their new home. The resident had picked out a colour to paint their bedroom and explained how they had informed staff that a street light was too bright outside their bedroom window at night time. Staff had sourced a supplier of blackout blinds for the resident and the inspector was informed that the blind would be ready to be installed in the days following the inspection. The resident spoke of the activities they enjoyed which included sporting activities and how they were enjoying the horse riding event that was being televised during the week of the inspection. They also spoke of how they liked their new neighbours and enjoyed talking to them outside, while adhering to the public health guidelines. The resident was very happy to be supported by familiar staff to attend their day service and had access to their own transport. The resident spoke of plans to visit family members and about friends who were pictured in framed photographs that were on display. There was also a photo book of some of the achievements the resident had accomplished in the past, which included participating in track events in the Special Olympics. The resident was very excited to tell the inspector that there were plans for them to interview a well known television personality in a few months time and the person was going to do the interview in the resident's new home. The resident also spoke of their plans for the day ahead and ensured they had completed all the necessary preparations prior to leaving the house.

The inspector left the first house to allow the resident space to prepare for their departure and met two residents from the house next door as they were leaving their home to attend their individual activities. One resident was dressed for their horse riding activity, which they greatly enjoyed, and told the inspector they were very happy to be able to attend after these sessions had been curtailed at times during the pandemic restrictions. The residents talked together with the inspector and were observed listening attentively to each other as the conversation progressed and discussed issues such as the plans for hairdressers and beauty salons re-opening. Both residents were looking forward to being able to make appointments in the coming weeks. One of the residents showed the inspector a

framed photograph of themselves with another peer celebrating getting vaccinated recently. Both residents were smiling and enjoying a celebratory drink in the photograph. The residents spoke of how they were looking forward to being able to enjoy group activities again with their peers once public health guidelines would allow this. Both residents stated they were glad that they were able to return to a limited day service with staff support.

The inspector also met two residents from another house outside in the front communal area in the morning. Staff supported one resident to inform the inspector of the many activities they had participated in during the pandemic restrictions which included growing vegetables in the back garden. Another resident spoke of how they missed their job in a cafe and hoped to return in the coming months once the business re-opened. They also spoke of how they enjoyed walking a lot and assisting with the vegetable garden with their peers. The resident also spoke of another activity that they enjoyed during the restrictions by a few of the residents, which was take-away meals from different restaurants and businesses. The resident spoke of the loss of close relatives and a staff member who had supported them for many years in the designated centre during the pandemic. The resident explained to the inspector that they were planning to have an outdoor ceremony to remember the staff member and to mark the upcoming first anniversary. The inspector met another resident in their apartment which was decorated with a lot of artwork of which the resident was very proud. The resident also showed the inspector a photo book that staff had assisted them to put together in memory of the deceased staff member. The book was professionally bound and the resident had plans to give it to the family of the staff member once public health guidelines would allow. Staff assisted the resident to inform the inspector of how they had spent a lot of the past 12 months at home with close family members and had enjoyed spending Christmas with them. The resident showed the inspector a piece of art that they were working on which depicted all of the residents living in the house, with plans to hang the artwork in the communal sitting room once it was finished.

As the inspector was leaving the designated centre in the afternoon, they were able to speak with some of the residents again. The residents were sitting out in the communal area in front of the houses enjoying the sunshine chatting to each other about their respective days. One resident told the inspector of all the work they had done with staff on the vegetable garden and was looking forward to relaxing before having their dinner. Another resident had enjoyed a walk in the locality and enjoyed sitting outside the house chatting with their friends. The third resident told the inspector they had enjoyed some bingo games at their day service and met with peers. This resident questioned the inspector about different sporting topics and laughed when the inspector did not share the resident's enthusiasm for sports. The inspector found the conversations were friendly and engaging for all present and demonstrated how the staff engaged well with the residents and supported them to pursue individual interests. In addition, staff had encouraged residents to participate in new activities during the pandemic restrictions which included video calls, gardening activities and mindfulness. It was evident that residents were supported by a staff team that were familiar to the residents. They demonstrated a flexible

approach to supporting residents and throughout the inspection were observed to respond to residents in a respectful and professional manner.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in areas of managing challenging behaviours and fire safety.

The person in charge worked full-time and had responsibilities for this designated centre and three other centres located within a 20 km geographical area. The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. They were assisted by a consistent staff team that was comprised of a social care leader in each house and core staff members that were very familiar with the individual needs of the residents. There was also a panel of regular relief staff available, if required, with whom the residents would be familiar with.

The number and skill-mix of the staff team was found to be appropriate to the number and assessed needs of the residents. There was a planned and actual rota in place which demonstrated continuity and consistency of staff by a core staff team. The person in charge outlined how changes to the staffing supports that were in place for the resident who had recently transitioned into the new house, were reflective of the ongoing assessment of needs for the resident. Staff were also available to provide additional supports if required. This was also consistent with the information provided by the staff spoken to during the inspection.

Due to the pandemic restrictions, the training schedule of some staff members had been impacted and the person in charge was aware that there were gaps in the training of some staff which included refresher training in the area of managing behaviours that challenge and fire safety. The person in charge provided evidence of planned and scheduled training in the weeks following the inspection. However, following a review of the training matrix for staff at the time of the inspection, the inspector noted 50% of staff required refresher training in managing behaviours that challenge and 29% in fire safety.

It was evident there was good oversight in this designated centre. The provider had ensured an annual review and unannounced six-monthly audits had been completed. Interim measures had been put in place by the provider to ensure ongoing oversight in the designated centre during the pandemic restrictions. Actions identified had been progressed and completed. The annual review included input from residents and their representatives. In addition, it outlined positive highlights

for the residents during the year which included celebrating a milestone birthday and supporting individuals to learn new skills during the restrictions.

The inspector reviewed the compliments and complaints log for the designated centre. The staff team had been complemented on a number of occasions by family representatives for the ongoing care and support shown to their relatives, which included sending regular letters by post to one resident that had chosen to stay with family members during the restrictions and engaging them in regular video calls with their peers in the designated centre. Another family representative spoke of the positive input the staff team had for their relative. The inspector reviewed a complaint made by two residents regarding the level of noise in their house at times in November 2020. While the three residents living in the house are good friends, the restrictions resulted in all three being in the house together for longer periods than prior to COVID-19. The two residents didn't like it when there was too much noise in the house. Staff supported all three residents to resolve the issue. Additional one-to-one support was given to one of the resident's and their home visits were resumed which assisted to support them to engage in their preferred activities and maintain a routine similar to that prior to COVID-19. Another resident was supported to get a comfortable chair and television in their bedroom if they chose to have time alone. The staff also facilitated a dedicated space in the sitting room for one of the residents and the other two residents had use of another relaxing area in the house if they wished to use it. The complainants were satisfied with the resolutions and actions taken. The complaint was closed as per the provider's protocols.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing
The person in charge had ensured there was an actual and planned roster in place. There was a consistent staff team appropriate to the assessed needs of the residents, 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 received training including online training in safeguarding, fire safety and infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up to date at the time of the inspection.
Judgment: Substantially compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services

The person in charge ensured planned new admissions to the designated centre were supported and in line with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an appropriate and effective complaints procedure was in place. It was evident that solutions were found to resolve complaints made by residents to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, residents' wellbeing and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected.

Residents had been supported to visit with family when the pandemic restrictions had been relaxed during 2020 and staff had ensured regular contact had been maintained using a variety of different methods, including writing letters, video and

telephone calls. In addition, residents were also supported to remain at home or have family visits as per their wishes and assessed needs. The staff team outlined how the return of regular family visits would be facilitated as soon as public health guidelines would allow this to happen.

The inspector reviewed three personal plans for residents in the designated centre. Staff had completed regular personal planning meetings with the residents, their family representatives and members of the multidisciplinary team (MDT). It was noted by the inspector that in the annual review a family representative requested to be more involved in the personal planning meetings and the staff team were supporting this request. Goals had been identified that had been adapted to reflect the current pandemic, such as providing an overnight stay in a hotel for one resident approximately every six weeks. The resident prior to the pandemic would have enjoyed regular short breaks each year and staff noticed that the lack of a night away from the designated centre was a cause of increasing anxiety for the resident. Staff provided assistance to the resident to pick a hotel of their choice within the geographical restrictions and one staff went with the resident during a midweek night. Staff outlined how the resident really enjoys these nights away, including the food, beverages and a good nights sleep. On one occasion, a staff had to go into wake the resident in the morning which would not be the case in the designated centre. The resident also has the dates marked on a calendar in their bedroom and has become less anxious as a result of this adapted goal while the restrictions are in place.

Another resident kept up their karate training online during the restrictions and enjoyed listening to different TED talks and music when they couldn't attend their day service. Residents were supported to get involved in growing their own vegetables and baking became a regular activity for some who would previously not have been in the designated centre during the week. Staff also spoke of how some residents have expressed a preference to enjoy more time in the designated centre rather than attending their day service each week day. This is being supported by staff, with individuals being able to choose if they wish to stay in the house and engage in activities there. In addition, one resident has expressed their wishes of what they would like to do on their retirement and this will be supported by the staff team to ensure the resident is able to enjoy their retirement in their preferred location when the time comes in a few years.

The provider had ensured there was a regular review of risks identified in the designated centre and there were no escalated risks at the time of the inspection. The centre specific risks included the noise levels in the designated centre, lone working and gaps in staff training. However, the risks of a resident's unexplained absence from the designated centre and responding to emergencies were not reflected in an individual assessment for a resident in the designated centre.

The provider had measures in place to ensure that all residents were protected from potential sources of infection; this included completing regular cleaning schedules in line with public health guidelines and monitoring residents and staff for signs of illness. Residents were supported to follow safe hand hygiene and coughing etiquette with easy-to-read information provided when required. All staff had

undertaken training in areas of hand hygiene and the use of PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. A self-assessment of the preparedness of the designated centre to support residents during the pandemic, issued by HIQA, had been completed and subject to regular review. In addition, contingency planning was also the subject of regular review in the designated centre.

During the inspection, residents were observed to engage in activities with staff support. The inspector noted that the atmosphere was relaxed and unrushed, with a centre being homely and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and provided residents the opportunities to engage in individual or group activities, as per their wishes and preferences while adhering to public health guidelines.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider supported residents to receive and visit family members while adhering to public health guidelines.

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 residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place. However, there were gaps in the documentation of some risks which required review

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured measures were put in place to protect residents from potential sources of infection, including COVID-19, by adopting procedures consistent with those set out by guidance issued by HPSC.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre that were subject to regular review. Staff and residents participated in regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were reviewed annually with evidence of multi-disciplinary input. The input of residents and family representatives was evident and goals were identified in line with residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Brooklime OSV-0005140

Inspection ID: MON-0032626

Date of inspection: 28/04/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that the training matrix is kept updated as oversight of all staff training and will ensure that all staff will have undertaken training in behaviours that challenge and in fire safety by end July 2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will ensure that a review of all risks is carried out with staff including undertaking additional risk assessments related to unexplained absences for individuals in the Centre and in responding to emergencies.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	18/06/2021
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	18/06/2021

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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