



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0033550

About the designated centre

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

No. 3 Brooklime is a registered centre for 5 female adults on a full-time basis. It is a bungalow in a community setting in Co. Cork. The centre provides support for persons with severe to profound levels of intellectual disability including those with autism. The individuals may have multiple/complex support needs and may require support with behaviours that challenge. No. 3 Brooklime is a detached six bedroom bungalow which has been refurbished to meet the needs of the people living here. The house includes 5 residents' bedrooms, a staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms, utility room and garden area. Residents are supported by a social care model with staff rostered by day with one sleepover staff and one night awake staff. Additional staff may be assigned to support particular activities during evenings and weekends. Nursing inputs are provided as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 13 October 2021	09:30hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet the five residents living in the designated centre. The inspector was introduced to the 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).

This was an unannounced inspection and residents were not expecting visitors on the day. One resident had already left the house with staff support to attend their day service. The person in charge outlined the importance for this resident to maintain their usual routine even during the pandemic restrictions to assist them in coping with daily activities and maintaining the skills that they had been supported to develop over the years. The resident had a dedicated space in the day service building which enabled staff to adhere to public health guidelines during the pandemic restrictions. The staff team reported that the resident was responding well to 1:1 staffing support and engaging in activities such as water and ball games regularly. On their return to the house in the evening the inspector was introduced to the resident while they were in their bedroom. The resident indicated to the social care leader that they wanted to hear some music on the piano. The staff played a few familiar tunes as the resident smiled and listened before they chose to return to their bedroom.

The inspector met the other four residents during the morning. The house was very busy when the inspector arrived. There were three staff on duty and each was supporting the residents as per a plan that was detailed on a schedule in the kitchen. One resident who communicated without words guided the inspector into a sitting room to seek assistance to put on a music programme on the television. This resident also had their tablet device with them on which they were also playing music. Staff present explained that the resident enjoyed many different types of music and programmes and would regularly seek staff assistance to use the remote control to change the channel on the television. Staff were familiar with the resident's preferences and had developed an individual support system to assist the resident to communicate their needs regarding the television. In the past, the resident had on occasions become upset if the remote control could not be located. Staff had an image of the remote control printed and laminated. The resident used this image to inform staff that they wanted to watch the television or change the channel. This image could be replaced easily if lost or misplaced in the house. Staff also explained to the inspector that there were a number of different locations in the house where the remote control could be stored so that it was readily available for staff to complete the task quickly for the resident. The inspector observed the resident to smile when the staff had turned on the television for them after the resident brought the image of the remote control to the staff member. The resident then turned off their tablet device so they could listen to the television. The inspector was shown this resident's bedroom which was brightly decorated but had only minimal possessions as per the resident's preferences. Staff also spoke of how the resident gave staff their tablet device every night before they went to bed so

that it could be fully charged for the following day. The resident knew that they wouldn't be able to use the device fully the following day if it wasn't charged overnight. The staff team spoke during the day of how this resident had made great progress with their diet with the support of the staff team. The resident had previously had an aversion to food but had with staff support progressed to seeking food regularly during the day and was trying new food products. In addition, they had gained weight and was part of the group of residents that had enjoyed their lunch out in the community during the inspection with staff reporting that the resident had enjoyed their meal. Staff also outlined how this resident responded well to social stories and this format was used to inform the resident of the procedure for a fire drill. This was referred to in the resident's personal emergency evacuation plan, (PEEP)

Another resident was drinking their tea in the kitchen when they met the inspector. Staff explained that the resident liked to walk around the designated centre and enjoyed being outside. They were observed to go out onto the patio area at the rear of the house and to go out to check on the transport vehicle. The resident also liked to spend time alone and they had a preferred area in the hallway which had a comfortable seat and on a shelf located nearby a photograph of a significant person in the resident's life. The inspector spoke to the keyworker for this resident during the day. Specific progress for the resident included a simplified communication system which was actively supporting the resident to cope with their daily routine. Staff had observed that the picture exchange communication system (PECS) did not effectively support the resident during periods of low mood or poor mental health. Staff had developed a picture strip which supported the resident to understand the planned activity for the next two hours. Staff explained this had greatly reduced anxiety levels and improved the resident's personal coping skills. On the back of the pictures was written the exact wording to be used by staff in conjunction with the picture to ensure consistency of the message being given to the resident. Two routine strips were working very well at the time of the inspection with staff hoping to be able to expand this method of supporting the resident with other routine activities. The resident had also been supported to return to swimming in the local public swimming pool which they enjoyed. Prior to the pandemic restrictions the resident had enjoyed interacting out in the community, shopping and visiting cafes. Staff were successfully building on the resident's skills training in these areas and on a walking routine to support the resident to use public walkways in the community.

One resident who was being supported in their bedroom by a staff member with their morning activities clearly indicated by guiding the inspector out of the room that they did not wish for the inspector to enter that space. The inspector could hear staff interact in a familiar manner with the resident, music was playing and the resident vocalised with sounds of contentment. The inspector was informed that a family representative had compiled a collection of known favourite music videos and shows for the resident during the pandemic restrictions as the resident was unable to return to the family home for a period of time due to a change in family circumstances. The resident has since resumed visiting their family home regularly. Staff also outlined that while the day service for this resident had not yet returned they were a number of improvements in the resident's social and personal skills evident as a result of the increased time spent with staff in the designated centre.

The resident had increased the distances they were walking without requiring the use of a wheelchair and assisting staff with the laundry. In addition, the resident had a feeding eating and drinking support plan, (FEDS). They had previously found it difficult to cope when peers were getting different food to them. Staff had sourced a supplier of specialised pre-prepared nutritious foods which adhered to the FEDS plan for the resident but had the appearance of the regular meals that their peers were having. This was working very well for the resident and had resulted in less staff intervention to support the resident with their mealtimes, thus increasing their independence. Family representatives had also commented to the staff team regarding the progress made by the resident through the social care model of support. This resident had a complex medical history and required ongoing medical support to manage their healthcare which was being supported by the multidisciplinary team (MDT) and other healthcare professionals.

The inspector met another resident in the kitchen as they were having their breakfast when the house was less busy. Staff explained the preferences the resident had for their breakfast which included drinking tea without milk. Staff were aware of the requirement to add cold water to reduce the risk of injury to the resident or others. Staff outlined how the implementation of the daily shift plan for each resident had reduced the risk and incidence of adverse events in the house. This had been of particular benefit to this resident who was able to enjoy their meals at times that suited them and without interruption from other residents as had been the case previously. The person in charge explained that a review of the suitability of another designated centre for this resident had recently taken place. It was not deemed to meet the needs of the resident at this time and consideration would be given to other suitable locations if vacancies became available. The resident has previously become anxious at times when behaviours that challenge occurred in the designated centre. However, since the implementation of the daily shift plan the resident was enjoying more positive interactions. The provider was also seeking input from an architect regarding re-designing the layout of the house which may better support the needs of the residents. At present four of the bedrooms are located close together and the option to create a separate space to allow for residents to have improved facilities was under consideration at the time of the inspection.

The staff on duty had access to transport vehicles and were able to take the residents out on planned activities in the community during the day of the inspection. The residents enjoyed their lunch out in a local hotel and had gone for a walk in the community before they returned in the afternoon. The inspector spoke with a number of the staff during the day, some staff had worked in the designated centre for many years while others had worked for shorter periods. While staff were familiar with the assessed needs of the residents, a number of staff were unfamiliar with the fire evacuation plan for the designated centre. In addition, the inspector observed issues relating to the premises while conducting a walkabout of the house. These will be discussed in the quality and safety section of the report.

The staff on duty at the time the inspector arrived were both day and night staff. It was evident that all were familiar to the residents and supported the residents in a professional and respectful manner. This was also evident as other staff came on

duty at different times during the day. The inspector observed residents interact with ease and engage with the staff in different locations in the house throughout the inspection. All interactions between the residents and staff were noted to be positive. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in managing behaviours that challenge and fire safety. In addition, the reporting of adverse events to the chief inspector as per the regulatory requirements had not been submitted in a timely manner for some incidents that occurred in the designated centre.

The person in charge worked full time and had remit over four other designated centres. They were supported in their role by a social care leader in the designated centre. The social care leader had protected time to carry out administrative duties such as staff rosters and supervision of the staff team while also working on the frontline. There was a core staff team that incorporated day staff, sleep-over staff and waking night staff. There was one full time vacancy at the time of the inspection which had been offered to a candidate and there was access to regular relief staff who were familiar with the assessed needs of the residents.

To support person-centred care especially during periods of curtailed day services, the staff team implemented a "shift plan", which identified individual plans for each resident on a schedule board. This ensured residents were consistently supported to participate in their individual and regular routines while flexible enough to consider residents personal choices each day. This plan had effectively provided 1:1 to support when required and ongoing engagement in preferred activities and routines during the day and into the evening time. Staff spoke about how some residents had improved their walking skills without the use of aids, others had been supported to have take away hot drinks and lunches when cafes were closed. More positive interactions were also taking place during mealtimes which would previously been a period of time of increased anxiety for some residents. Staff explained that while they were aware that a during the last provider led audit consideration was to be given to move the schedule out of the kitchen into the staff office, it was a useful reference for new or unfamiliar staff and had remained in the kitchen.

The provider had ensured that an annual review and six monthly audits were completed with evidence of follow up. For example, a review of the medication

audits by the auditor during the September 2021 unannounced audit identified improvements to be made of which the person in charge, social care leader and staff team were made aware of. An action following this audit was that an unannounced medication audit will be conducted in the designated centre. The inspector did not review regulation 29: medicines and pharmaceutical services during this inspection. Following a review of the annual review by the inspector, it was noted that the consultation of family representatives was mentioned in the report. The number of respondents was included with mention of the feedback being attached, this was not available for review by the inspector. However, the provider led audit of September 2021 refers to positive feedback received from the family representatives.

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 qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place. Additional staff were providing support appropriate to the assessed needs of the residents while day services were curtailed. There were regular relief staff available to support the core staff team. Issues relating to staffing were reported to the person in charge as a priority. The scheduling of a shift plan since March 2021 had assisted residents to be consistently supported in their daily routines.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were scheduled to attend training in the months following the inspection. However, at the time of the inspection there were gaps in refresher training for staff; 57% required refresher training in managing behaviours that challenge and 64% in fire safety. The inspector was informed that there had been planned training for fire safety prior to the inspection but had to be rescheduled for November 2021.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The designated centre had an up-to-date directory of residents. The directory clearly documented in graph format with colour coding when each resident was present or away from the designated centre which assisted review of the directory. All information pertaining to residents as specified in Schedule 3 was also available.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated. The annual review and six monthly provider led audits evidenced actions being identified and progressed in the designated centre with the provision of person centred and safe service to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review. However, the not all information as required in Schedule 1 was correct. The details provided on the certificate of registration was for another designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all adverse incidents had been reported to the chief inspector as required by the regulations. Written notice within three working days following a number of adverse incidents occurring in the designated centre had not be submitted. During a period of time while the person in charge was absent in September 2020 the required notification following an incident was not submitted by the person participating in management. In addition, following review by the person in charge of an incident

that occurred in February 2021 which had not been recognised by staff as being a reportable incident at the time was subsequently reported to the designated officer and the chief inspector a month after the incident took place.

Judgment: Not compliant

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

The registered provider had ensured the required written notice of the continuous absence of the person in charge had been submitted to the chief inspector.

Judgment: Compliant

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

The registered provider submitted the required notice in writing to the chief inspector regarding the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format on display in the designated centre. The inspector reviewed the complaints log since the last inspection. Complaints had been made by family representatives and staff on behalf of residents which included a lack of community activities and the personal space of a resident being impacted by another resident. Actions were taken in a timely manner to resolve these issues with the satisfaction of the complainant documented. In addition, there had been a number of compliments made by family representatives regarding the care and support provided to the residents in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the residents well-being and welfare was maintained with a person-centred service where the residents individuality was respected. The provider and staff had adapted the daily routines of residents and staff support during periods of curtailed day services to assist the residents to engage in meaningful activities. However, issues were identified during the inspection in relation to regulation 17: premises and regulation 27: protection against infection.

On arrival at the designated centre the inspector observed mould spots in the wall mounted external hand sanitiser at the entrance to the house. Later on during the walkabout the inspector also observed mould in a similar external hand santiser located at the side entrance. The cleaning of hand sanitiser equipment was listed as part of the duties of the night staff. Staff spoken to during the inspection outlined that they did not include the external units as part of this cleaning regime as they did not unlock the external exits during the night time. There was evidence of mould in a number of areas inside the designated centre as well. Roller blinds in two of the bedrooms had mould evident. In addition, an unused bedside lamp was located on a bedside locker next to a resident's bed which had mould on the lampshade. Around the house the inspector observed cobwebs, these were located on pictures in the hallway, on personal possessions in bedrooms, on a roof light in the staff office and on the foot pedals of the piano. The inspector also noted that one of the sitting rooms was very cold. This room had a radiator and an electric fire as heat sources when required. However, the inspector observed sunlight coming in through a ventilation grill on an external facing wall. On inspection from the outside, there was no cover on the external part of the grill and it was not observed to be located anywhere on the surrounding ground area. Another grill cover was also missing at the front entrance to a drain on the ground. There was also damage to the arm of a chair which one resident used while having their meals. There was tape evident around the area of damage. There was rust evident on a radiator in one of the bathrooms. While outside the inspector also observed a sun parasol lying in the wet grass and located next to the route that would be taken if the rear exit was being used to evacuate the building in an emergency. The inspector was informed that a broken motor on a roof blind was reported to the relevant parties and was awaiting repair or replacement. This blind was in the staff sleep over room and resulted in staff being unable to fully close the blind at night when they were on sleep-over shifts.

The inspector found the utility room to be cluttered with equipment. There was a clothes air dryer in use in the middle of the room, there was a dedicated refrigeration space for specialised meals for one resident with additional storage in another unit for the other residents. The laundry facilities were located against another wall in the room with external exit to the garden on one side and access to a bathroom on the other side of this wall. Some of the residents used this bathroom during the day. There was also entry /exit points to the kitchen and hallway. The area was observed by the inspector to be in constant use during the inspection with residents and staff negotiating their way through the area around appliances and laundry. The inspector was informed that the provider was reviewing the design of the designated centre with possible changes being made in the future to ensure the layout supported the assessed needs of all the residents.

Staff spoke proudly of the improvements and achievements made by the residents since the revised daily supports provided with the "shift plan" since it commenced in March 2021. Residents enjoyed meaningful daily activities as per their preferences with some residents physically improving with increased distances on walking routes without the use of mobility aids and access to community facilities. Residents had also progressed and increased their independence and participation in activities of daily living such as showering, toileting and eating. All personal plans had been subject to regular review with key workers assigned to each resident. While residents did have goals identified and adjusted during the public health restrictions, the inspector was informed that additional support and education was planned for the staff team to identify more person centred goals in the future. The inspector was also informed that one resident's family was seeking to get their relative enrolled in the provider's day services as the resident had previously been in receipt of day services with another provider and that had not yet returned since the pandemic restrictions had been put in place. The family representatives and staff team were working together to provide a complete integrated service for the resident. The resident had been unable to go home for an extended period during the lockdown and during this time had made great progress with a consistent staff team. Their complex medical needs had also been successfully supported by the staff team and this had provided re-assurance to the family representatives that the social care model may be a more suitable programme to aid the development and progress with life skills for the resident.

The inspector spoke with a number of staff regarding fire safety and the evacuation plan for the residents. The responses given to the inspector were not as outlined in the evacuation plan and PEEPs. One staff was not aware of the procedure, they informed the inspector they had only recently started working in the designated centre weeks prior to the inspection and had not participated in a fire drill. Other staff spoke of the order in which the residents would be evacuated but this was at variance with the documented evacuation plan. This was also an issue identified in the previous inspection of July 2019. The provider's actions outlined in the compliance plan response included details of the support to be given to a resident who had difficulties responding to deep sleep evacuations. The inspector reviewed a fire safety assessment which referred to oxygen being present in the designated centre, but this was not correct. This assessment also outlined that faulty electrical equipment was not to be used. The inspector noted an electrical dimmer switch in one bedroom that had a broken casing in multiple areas. While the issue had been logged with the relevant department the switch was being left on throughout the night to support the resident to see where they were going if they got up during the night to use the bathroom. The person in charge ensured this was replaced by a suitably qualified person before the inspection ended. The inspector also reviewed fire drills that were completed in the designated centre. While staff had completed a minimal staffing fire drill, none had taken place with all five residents.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes, which included using augmentative communication methods such as PECS, adapted routine strips and social stories.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain contact with family representatives and facilitating visits to their family home while adhering to public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain control of their personal possessions. Support was also provided to manage their financial affairs which included input from family representatives. Some residents had been provided with bank cards through which their finances were accessible while adhering to the provider's policies and procedures regarding the management of residents finances.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to access curtailed day services and recreation as per individual assessed needs. They maintained personal relationships and links with the community.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that all areas of the premises was kept in a

good state of repair internally and externally.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were supported to enjoy wholesome and nutritious foods. One resident was supported to have specialised nutritious meals which adhered to a FEDS plan but looked the same as their peers food. This had resulted in a decrease in incidents occurring at mealtimes and the resident required less staff support while eating. Other residents were responding well with staff support, trying new foods and enjoying their meals which had previously been an issue for them.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had implemented measures for the assessment, management and ongoing review of risk. There were no escalated risks in the centre at the time of the inspection. The person in charge had identified the lack of nursing input as a risk, however, a community nurse had been appointed by the provider and their services would be available to the residents in the designated centre going forward. In addition, residents had been supported to have access to the practice nurses assigned to the general practitioners of the residents when required.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent. The person had completed the HIQA self-assessment in preparedness which was subject to regular review. Actions identified following the most recent review on 1 October 2021 were being progressed at the time of the inspection. However, the presence of mould in multiple areas of the house, especially on the lamp located next to the top of one resident's bed where they slept and on hand sanitising equipment did not demonstrate effective infection control standards being maintained during the

inspection. In addition, while daily checklists had been documented as being completed, one of these checks included the removal of cobwebs. This had not been completed as per the observations made by the inspector but was marked as being addressed by staff in the days prior to the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and personal emergency evacuation plans for the residents that were subject to regular review. Staff had conducted fire safety checks as per the provider's procedures. However, minimal staffing fire drills had not been carried out when all five residents were in the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plans were also subject to regular review and reflective of individual and person centred care. There was planned further education for the staff team to develop more person centred goals which reflected individuals interests. At the time of the inspection goals related to the management of health care issues for some residents.

Judgment: Compliant

Regulation 6: Health care

Each resident had a health care plan and were facilitated to attend a range of allied healthcare professionals. Nursing supports were available from local general practitioners as required and the provider had recently engaged the services of a community nurse who would be able to provide additional supports going forward.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the MDT. Restrictive practices were in place for the minimal length of time with evidence of consideration of the impact on all residents. Where a door required to be locked to support one resident as outlined in their behaviour support plan, all other residents had access to sufficient communal areas and space in addition, to being supported to engage in activities outside of the house during this time period. All restrictions had been sanctioned and subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. This had been reviewed after an incident in February 2021 that had not been recognised by staff as a safeguarding issue. Staff were aware of an active safeguarding plan and the procedure to follow in the event of an incident occurring.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was respected at all times. Residents were supported to engage in meaningful activities daily and encouraged by staff to make decisions within the designated centre and in relation to their care.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not 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 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0033550

Date of inspection: 13/10/2021

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that staff have access to all appropriate training, including refresher training.</p> <p>An updated training needs analysis has been submitted to the training department which has identified training requirements for the Centre.</p> <p>Training has been booked for MAPPA. Dates will be scheduled at the earliest opportunity having regard to the fact that the availability of face to face training remain reduced to ensure compliance with public health COVID19 guidelines [28/02/2022]</p> <p>Fire Safety training is scheduled and will be completed for all staff on 17/11/2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will ensure that the Statement of Purpose of the Centre as updated in November 2021 will be reviewed to ensure it contains all Schedule 1 requirements and is updated where necessary. [30/11/21]</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Provider will ensure that the incident log is available in the Centre at all times. The Person in Charge will ensure that all 3 day notifiable events are submitted to the Authority within 3 working days of all adverse incidents occurring within the Centre. The Person in Charge will screen closely all accident/incident reports in the Centre. Where an adverse incident requires further screening the PIC will immediately contact the Designated Officer. All actions taken pertaining to an incident will be recorded with the incident learning on the AIRs form. A full review of the reporting procedure will be conducted with staff on the 17/11/2021. All staff are up to date with HSELand training on Safeguarding of Vulnerable Adults.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that a maintenance plan has been developed with the Facilities Department which includes remedial works to address areas of damp and moisture retention mould, ventilation grids, drain grills and rusted radiators. All maintenance work will be completed by 19/11/2021.</p> <p>The Person In Charge will ensure fortnightly maintenance requests are made to the Facilities Department to manage ongoing required maintenance.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning rosters within the Centre were reviewed and updated by the Person in Charge and the Social Care Leader. This was reviewed with the staff team for ongoing implementation on the 3/11/2021.</p> <p>A local clean and disinfection was completed in the Centre. This included all hand sanitizing units and the mould in one resident's bedroom. 18/10/2021</p>	

The Provider has ensured that the maintenance plan includes a deep clean of the Centre and this will be completed by 30/11/2021.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person In charge and the Social Care Leader have reviewed all Personal Egress Evacuation Procedures in the centre and these will be reviewed with the wider staff team on the 17/11/2021. Fire precautions will remain as a standing agenda at staff meetings in the Centre.

A minimal staffing fire drill will be carried out on the 23/11/2021 when all five residents will be present in the centre.

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	28/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	19/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Orange	30/11/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	23/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2021
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	17/11/2021