



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

Issued by the Chief Inspector

Name of designated centre:	Brookside House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	03 February 2022
Centre ID:	OSV-0005714
Fieldwork ID:	MON-0032052

About the designated centre

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

Brookside House provides residential care and support for up to four adults with disabilities. The house is located in Co. Meath and is in close proximity to a small village and driving distance to a number of large towns. The house comprises of four individual bedrooms (one of which is en-suite), a large communal bathroom, a fully equipped kitchen/dining room, a sun room, a staff office/sleepover room and a large fully furnished sitting room. There is a large private garden area available to residents with ample private parking provided. The house is staffed by a full-time person in charge who is supported in their role by a house manager, a team leader and a team of direct support workers. Access to a range of allied healthcare professionals including GP services is also provided for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 February 2022	10:15hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service was providing residential care and support to five adults with disabilities. It comprised of a large detached house in Co. Meath and was in walking distance to local shops and other amenities.

The inspector met and spoke with one resident over the course of the inspection process and spoke with one family representative over the phone so as to get their feedback on the service provided. Written feedback from one other family representative on the quality and safety of care provided was also reviewed.

On arrival to the house the inspector observed it was clean, spacious, warm and welcoming. One resident was at work, one was attending a day service and two residents were in their rooms.

Pictures of the residents on holiday were display in the hallway of the house. The house manager explained that three of the residents (at their request) had gone to Galway on a hotel break late 2021 and they very much enjoyed this holiday. Residents appeared very happy in the photographs and the house manager informed the inspector that they enjoyed meals out and going on trips to places such as the Cliffs of Moher.

Residents were included in and participated in their local community. For example, some were involved in the local Tidy Towns project and on weekends, supported the important work of this initiative in enhancing their local environment and community. The inspector observed that a representative of Tidy Towns project had recently written to the residents thanking them for their input and support. Residents also frequented local facilities/amenities such as shops, hotels and pubs. One resident worked in a local hotel and staff informed the inspector that they loved this job and loved working with members of the public.

Residents were involved in the running of their own home and held regular meetings to decide and agree on menus for the week and social outings. At these meetings staff also discussed important topics with the residents such as 'how to make a complaint' and the importance of 'advocacy'. The inspector reviewed the complaints log and found that there were no complaints open for this service at the time of this inspection.

During the inspection process, the inspector spoke with one family representative over the phone so as to get their feedback on the service. They reported that they were very happy with the quality and safety of care provided in the centre and that the staff team were very kind. They also said their relative was very happy living in the house and all their needs were provided for. Additionally, staff supported the resident to be part of their local community and there were lots of activities for them

to engage in. The family member said that their relative was very happy with their room and were very settled in the house. They also said that they had no complaints about the quality and safety of care provided.

Written feedback from one family member was also positive and complimentary. For example, they said they were happy with the service and with the support provided from the staff team.

Some residents attended a local day service or 'hub' and the person in charge explained that there were numerous activities for them to engage in when at this service. For example, some would attend educational classes, others would participate in arts and crafts and, social outings also formed part of the activities on offer.

Towards the end of the inspection process the inspector met and spoke with one resident who was returning from day services. They appeared in very good form and said that they had enjoyed their day. They had made some artwork in the day service which they had brought home and were happy to show it to the inspector. They said they were very happy in the house and were happy living there. They also reported that they got on well with the staff team. When asked what they would do for the evening, the resident said that they were looking forward to having their dinner and relaxing watching TV.

Overall residents appeared happy and content in their home and feedback from one resident and two family representatives on the quality and safety of care provided was both positive and complimentary.

Capacity and capability

Residents appeared happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager and team leader, both of whom worked on a full time basis in the house. The person in charge was not available at the commencement of this inspection however, the house manager facilitated the introductory meeting in a professional and competent manner. They were also aware of the assessed needs and care plans of the residents living in the house.

The person in charge was a qualified nursing professional (with an additional management qualification) and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

While there was one staff vacancy at the time of this inspection, the person in charge reported that plans were in place to fill this post and the service had access to a relief panel of staff who worked in the house on a regular basis and knew the needs of the residents.

The person in charge also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It was observed that a minor amendment was required to the statement of purpose so as to accurately reflect the current management structure. However, when this was brought to the attention of the house manager, they ensured the issue was addressed prior to completion of the inspection process.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

While there was one staff vacancy at the time of this inspection, the person in charge reported that plans were in place to fill this post and the service had access to a relief panel of staff who worked in the house on a regular basis and knew the needs of the residents. The inspector spoke with one staff member over the course of this inspection and found that they were aware of the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, first aid, positive behavioural support, manual handling and infection prevention control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager and team leader, both of whom worked in the house on full-time basis. The person in charge was an experienced, qualified professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It was observed that a minor amendment was required to the

statement of purpose so as to accurately reflect the current management structure. However, when this was brought to the attention of the house manager, they ensured the issue was addressed prior to completion of the inspection process.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the Regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files and from speaking with one family representative, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. Two residents attended day services on a regular basis where they got to meet with friends, engage in educational programmes, arts and crafts and social activities. One resident also had a job in a nearby hotel and some were involved in the local Tidy Town project.

Residents were supported with their healthcare needs and on an annual basis were supported to undergo a complete health check. As required access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dietitian, chiropodist, physiotherapist, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was observed that one resident may refuse to engage in their medical treatments however, this issue was risk assessed and where required, discussed with the residents GP

Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents however, there were no

safeguarding issues in this service at the time of this inspection. From a sample of files viewed, staff had training in safeguarding of vulnerable persons and Children's First and a family representative spoken with said they were happy with the quality and safety of care provided. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Issues such as safeguarding, advocacy and how to make a complaint were discussed with residents at their house meetings and information was readily available in the house on how to contact an independent advocate.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff supervision and support when on outings.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre. The inspector observed that the house was clean on the day of this inspection and there were hand sanitising gels readily available. Staff were also observed wearing PPE throughout the course of the day and observed cleaning high touch areas at regular intervals.

An infection prevention control (IPC) audit had recently been carried out in this service. This was a thorough and in-dept audit identifying where the centre was meeting IPC standards and, presented a number of recommendations (or areas for consideration) going forward. The house manager was aware as to how and when some of the recommendations the audit identified would be addressed. However, this wasn't the case for other recommendations (or areas for consideration). For example, the audit identified there might be an issue with a hand washing facility in the centre. There was no action plan in place to inform the inspector how and when this issue might be addressed going forward.

Adequate fire fighting equipment was in place to include a fire panel, fire extinguishers, fire doors and emergency lighting. All equipment as being serviced as required by the regulations (with the last service being January 2022) and regular fire drills were being conducted. The last fire drill in October 2021 informed there were no issues with evacuating the centre. Each resident had a personal emergency evacuation plans in place detailing the supports the required during a fire drill and evacuation.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings, holidays and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 17: Premises

The premises were spacious and laid out to meet the needs of the residents. Each resident had their own bedroom (one en-suite), there was a large sitting room, a kitchen cum dining room, a sun room and one large communal bathroom. There were garden areas to the front and rear of the property and ample private care parking space available.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. However, an infection prevention control (IPC) audit had recently been carried out in this service which presented a number of recommendations (or areas for consideration) going forward. The house manager was aware as to how and when some of the recommendations the audit identified would be addressed. However, this wasn't the case for other recommendations (or areas for consideration). For example, the audit identified there might be an issue with a hand washing facility in the centre. There was no action plan in place to inform the inspector how and when this issue might be addressed going forward.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, fire extinguishers, fire doors and emergency lighting. All equipment as being serviced as required by the regulations (with the last service being January 2022) and regular

fire drills were being conducted.
Judgment: Compliant
Regulation 6: Health care
Residents were supported with their healthcare needs and on an annual basis were supported to undergo a complete health check. As required access to a range of allied healthcare professionals, to include GP services formed part of the service provided.
Judgment: Compliant
Regulation 7: Positive behavioural support
Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.
Judgment: Compliant
Regulation 8: Protection
Systems were in place to safeguarding the residents however, there were no safeguarding issues in this service at the time of this inspection. From a sample of files viewed, staff had training in safeguarding of vulnerable persons and Children's First and a family representative spoken with said they were happy with the quality and safety of care provided.
Judgment: Compliant
Regulation 9: Residents' rights
Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings, holidays and meal plans for the week. Residents were directly involved in the running of their home and staff

were supportive of their individual autonomy and rights.

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 (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	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	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookside House OSV-0005714

Inspection ID: MON-0032052

Date of inspection: 03/02/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full review of the infection prevention control (IPC) audit has been completed. This review involved the centers house manager, assistant director of services and the procurement manager. A full SMART action plan has been devised to address any actions for consideration in the audit.</p>	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022