



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

Name of designated centre:	Brambley Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	06 November 2018
Centre ID:	OSV-0005011
Fieldwork ID:	MON-0021992

## About the designated centre

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

The Brothers of Charity Services Ireland operates four designated centres in the John Paul centre campus, one of which one is Brambley Services. The centre comprises of two residential bungalows divided into four separate apartment spaces and can accommodate up to six residents. It is located just outside Galway city and is a prime location for public transport and amenities. Residents living in the centre have a moderate to severe intellectual disability as well as complex health and mental health support requirements. Staff support is provided as required, some residents require one to one support during the day and there is one waking night staff shared among the four apartments at night.

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

Current registration end date:	08/05/2019
Number of residents on the date of inspection:	6

## How we inspect

To prepare for this inspection the inspector or 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
06 November 2018	09:30hrs to 17:30hrs	Thelma O'Neill	Lead

## Views of people who use the service

The inspector met with the six residents living in this service on the day of inspection, they appeared very relaxed, smiling and content in their home. Some of the residents had limited speech and others could not verbally communicate their views about the service to the inspector. However, staff supporting the residents told the inspector that in their opinion, residents received a good service and the family members of the service were happy with the service provided.

## Capacity and capability

The inspector reviewed the providers ability to demonstrate capacity and capability to manage this service and found that there was effective leadership, governance and management arrangements in place in the centre. The provider had ensured that there were adequate resources available to the management team to deliver a high quality service for the residents and the provider had addressed all of the actions from the previous inspection.

The Area manager of the John Paul Centre is also the person in charge of this centre. She work's closely with the management team and staff members to ensure residents health and social care needs are being met as required. The governance structure in this centre was robust, as the person in charge was supported by a sector manager, clinical nurse manager 3 and a team leader, as well as a team of nursing and care staff who knew the residents individual needs and support requirements individually.

The provider had measures in place to ensure that staff were competent to carry out their roles. The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

The provider also has systems in place to ensure that this service was subject to ongoing monitoring, review and development. The person in charge attended weekly risks management meetings with members of the multidisciplinary team and team leader to address any ongoing concerns for the residents in this centre. In addition, the provider completed six-monthly audits of the care practices in the centre and internal and external managers regularly carried out audits of areas such as, personal plans, medication practices, incidents of behaviours of concern. and accidents and incidents occurring in the centre. Records showed that negative audit findings had been addressed in a timely manner. The audits ensured that systems in place positively informed, improved and sustained a quality service for these residents.

There was also a range of policies, including all required Schedule five policies, to

guide staff in the delivery of a safe and suitable service to residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time, and was suitably qualified, experienced and skilled to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had adequate staffing in the centre to support the residents achieve their personal health and social goals. The inspector found the number and skill mix of staff in the other houses was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff had received the required training to meet the needs of the residents, and as part of their continued professional development programme.

Judgment: Compliant

#### Regulation 19: Directory of residents

<p>The directory of residents included all of the required information relating to residents who lived, or received services in the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 21: Records</b></p>
<p>All records required under Schedule three and four of the regulations were in place as required.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 22: Insurance</b></p>
<p>The provider had ensured that there was a contract of insurance against injury to residents and against other risks in the centre, including loss or damage to property. This document was made available to the inspector.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 23: Governance and management</b></p>
<p>There was an defined management structure that identified the lines of authority and accountability in the centre. The provider had ensured that an annual review of the quality and safety of the service in the designated centre was completed and the six-monthly audits of the service were complete.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 3: Statement of purpose</b></p>
<p>The registered provider had a written statement of purpose as set out in Schedule one of the Regulations.</p>
<p>Judgment: Compliant</p>

### Regulation 31: Notification of incidents

The person in charge had submitted written reports to the chief inspector as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in this centre at the time of inspection. The provider had complaint policies and procedures available should they receive a complaint about the service.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All records required under Schedule three and four of the regulations were in place as required.

Judgment: Compliant

## Quality and safety

The inspector found the provider had implemented robust quality and safety procedures in this centre. The inspector reviewed all of the actions from the previous inspection and found they were complete.

There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

There were policies and procedures in place in this centre that ensured that residents' health and social well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. All staff had received specific safeguarding training and were aware of the national safeguarding policy. This ensured that they had the

knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Monthly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs.

The provider had ensured that residents had access to medical services and that they received a good level of healthcare. All residents had access to allied health professionals as required. Plans of care for good health were developed for residents' which identified their specific care needs.

Staff had received training relevant to their roles, in addition, to mandatory training in fire safety, safe moving and handling, protection and positive behaviour support and medication administration.

## Regulation 10: Communication

Most of the residents living in this service communication through non-verbal means of communication. The inspector observed visual aids on display for residents, which outlined the daily routine, meal choices and activities planned for the day. These aids assisted the residents to understand what activities were planned and helped reduced anxieties for the residents around their daily routines. The inspector observed staff communicating effectively with individuals regarding meal choices, times of activities and queries about which staff was coming on duty for the night shift.

Residents who required speech and language assessments had these completed and each resident had communication passports available which included communication passports and specific for communication aids for hospital visits.

Judgment: Compliant

## Regulation 11: Visits

There were appropriate facilities available for residents to meet their visitors in private if desired. Staff told the inspector that most residents had regular visitors, mostly from family members. Staff said that residents liked to see visitors calling to



the centre and some family visitors would bring the residents out for a drive or bring them home overnight which the residents looked forward to on a weekly basis.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions. Records were maintained of all residents personal possessions, including their finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured all residents had access to facilities to meet their occupational and recreational needs. Residents were supported to participate in activities in accordance with their interests, capacities and developmental needs and were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre consisted of two bungalows divided into four separate apartments that could be accessed internally by residents. The apartments were homely and personalised and specifically designed to meet the residents individual needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to purchase, prepare and cook their own meals and there was sufficient food available in the centre which was wholesome and suitable for the residents nutritional needs. Residents that could not cook independently were

supported by staff to do so and some residents liked to assist staff with cooking their meals.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which outlined a summary of the services provided, the terms and conditions of their residency, and the arrangements for residents involvement in the running of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

All of the residents living in this centre had been identified as having complex behaviours of concern, and each resident had a individual risk assessment completed to support staff to identify and manage the associated risks. These risks were well managed by the use of an appropriate environment and staff support as well as an accessible multidisciplinary team. Risk management practices were managed in line with organisational policies and procedures and were identified, monitored and manage effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had infection control practices and procedures in place, to ensure that the residents were protected from the risk of infections.

Judgment: Compliant

### Regulation 28: Fire precautions

There were effective fire safety management systems are in operation in this centre. The provider ensured there were adequate precautions against the risk of fire in the designated centre, such as; daily safety checks and the provision of fire fighting

equipment and arrangements in place for testing fire equipment. The provider also ensured that residents had an adequate means of escape, including emergency lighting to aid in an evacuation at night. Staff and residents participated in fire drills and personal evacuation plans were completed following individual assessment of each residents needs.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication received training in safe administration of medication. The provider had an internal and external auditing system in place which was robust and ensured that medication practices were well managed and compliant with the regulatory requirements.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of each resident were assessed on an annual basis or as required and the inspector found that residents had good access to a range of health care services; such as, general practitioners, health care professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs. Residents had access to nurses on a daily basis who supported residents in their health care needs and managing their behaviours of concern.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that while there were restrictive practices in place in the centre, they were assessed as being in the best interest of the resident and were the least restrictive options for the residents concerned. There was evidence to show that restrictive practices used were reviewed by the Human Rights Committee, who had external human rights experts on the committee and they regularly reviewed restrictions as well as being monitored by the multidisciplinary team.

A behaviour support specialist who was also an advance nurse practitioner specialising in disability services worked in close collaboration with residents, staff and families to ensure positive behaviour support assessment and best practice intervention were in place for the residents.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from abuse and their safety and welfare was promoted.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' access to advocacy services was in place to support them choose where they live.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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