



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

Name of designated centre:	No.5 Brooklime
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	24 October 2018
Centre ID:	OSV-0005149
Fieldwork ID:	MON-0025385

About the designated centre

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

No 5. Brooklime is located close to a town on the outskirts of Cork city where residents can avail of facilities and amenities in the locality or nearer the city. The centre provides full residential care for a maximum of five adults with varying degrees of intellectual disability including those with autism and behaviours that challenge. The centre is set on an ample site and comprised of a detached bungalow with a garden area at the front and a secure area at the rear of the house. The centre is comprised of sitting rooms, kitchen and dining areas, single bedrooms with one en-suite, shared bathrooms, staff office and utility room. Residents are supported by a staff team comprising of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
24 October 2018	09:00hrs to 17:00hrs	Elaine McKeown	Lead

Views of people who use the service

The inspector had the opportunity to meet with all five residents during the inspection.

One resident spoke of his plans to attend his day service and what he would be doing while there. He was also able to tell the inspector of his plans for the weekend with his family.

All residents were observed to be relaxed in the company of staff and there was effective communication between the residents and staff. Some residents used pictorial aids and approved sign language to communicate their needs to staff. The staff demonstrated good understanding of the residents' needs and requirements. Throughout the inspection staff were observed interacting and supporting residents in a dignified and respectful manner.

Capacity and capability

The provider's governance and management arrangements ensured that residents were supported to develop greater independence and receive a good quality service which complemented their needs. This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. Overall, the inspector found the centre was adequately resourced to meet the needs of the residents.

The inspector met with the social care leader and the person in charge during the inspection. Both spoke confidently about their roles and responsibilities and were very knowledgeable about the residents' needs and supports. The person in charge worked full time in the role and had responsibility for four other designated centres, this is a reduction since the last inspection when he was responsible for seven centres across cork city and suburbs. The person in charge is available to staff by phone and visits the centre on a regular basis. He meets with the social care leader at least fortnightly or more frequently if required. This is part of the supervision process. However, formal supervision of the staff team was not documented at the time of inspection. The person in charge informed the inspector of plans for the social care leader and himself to carry out the supervision of the staff team.

The social care leader has worked full-time in the centre since October 2017 and had allocated time to complete administrative work each week in the centre. She was qualified and experienced in the field of social care. She was actively completing

all staff appraisals at the time of the inspection, with one staff member remaining to be met with to complete this. The social care leader maintained an accurate staff rota which was flexible to meet the needs of the residents. Staff meetings were held fortnightly with the person in charge attending bi-monthly. Individual resident's meetings are held weekly.

On the previous inspection, gaps in training had been identified that staff had not completed approved sign language training, as per the recommendations of the speech and language therapist. Twelve staff have now completed this training. However, on review of the training matrix not all staff had refresher training in fire safety and managing challenging behaviour. While all staff have participated in local fire safety training, with another day scheduled in the centre for November, only four staff are currently in date with the mandatory training. The inspector was shown scheduled dates for this training in December 2018 for staff. Regarding training in managing challenging behaviour, six staff have not completed refresher training in this area.

While the provider has actively tried to secure signed copies of contracts for all the residents present in the centre at the time of inspection two contracts remained unsigned. The inspector was shown documents sent to family representatives seeking the completion of these forms, the latest of these requests was sent in May 2018. The person in charge has advised the inspector that the provider is now seeking to obtain an independent advocate for these two residents.

Some policies listed in the current statement of purpose, appendix one, had not been reviewed as per the regulation guidelines.

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. He was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of the residents. Planned rosters had been developed by the social care team leader and were updated to show any changes. The rota was accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Some actions from the previous inspection were not satisfactorily completed. Gaps were identified in relation to staff training requirements. While all staff had attended mandatory training in the past a number of staff required refresher training in fire safety and managing challenging behaviour. In addition, improvements were required to the supervision arrangements and documentation of this, to ensure that all staff were being suitably supervised.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was fit for purpose, it included all the required information relating to the residents who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that all records reviewed during the inspection were maintained in accordance with the regulations. Staff files reviewed had all the required documentation as per Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had systems in place to monitor the quality of care delivered to residents and actions from the six monthly report were being progressed the gaps in staff training in fire safety and managing challenging behaviour had not been identified. While staff appraisals had been conducted there were no formal staff supervision records.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider has repeatedly sought to ensure all contracts are signed by residents' families. At the time of inspection two contracts remain unsigned. The person in charge has advised that the provider is seeking to obtain an independent advocate for these two residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The actions from the previous inspection were completed. Some policies listed in the statement of purpose, appendix one had not been reviewed as per the regulation guidelines.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider and the person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The actions from the previous inspection were completed. One complaint had been submitted directly to the registered provider representative regarding this centre, it was progressed and closed to the complainant's satisfaction.

Judgment: Compliant

Quality and safety

The provider's practices ensured that the residents' well being was being promoted at all times and that they were kept safe. The inspector found that residents received person- centred care and support that enabled them to participate in activities they enjoyed. Pictorial aids were visible in all areas of the centre to support residents with communication needs. These aids were personalised and familiar to both residents and staff.

The level of family contact for the residents was well documented and evident to the inspector as staff spoke of individual planning around family schedules and ensuring all residents were supported and facilitated to maintain good relationships with their families.

The design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. It was warm and clean. The centre is located close to a suburb and is easily accessible to amenities in the city. All residents had their own rooms which were decorated to their own personal taste with adequate furniture for residents to store their clothing and belongings. Residents' artwork was displayed throughout the centre. Three residents had a key to the front door and one resident was given a fob device to access his own sitting room. This device, introduced only a few months ago, has given the resident greater independence to move freely in and out of this room.

On the day of the inspection a cable conduit was loose in the staff bedroom. Dampness was observed on the ceiling of one resident's bedroom. This occurred due to the centre being closed during the day while residents are attending day services and the room not being adequately ventilated. On the day of the inspection the room was being ventilated while staff were in the building. One of the shared bathrooms did not have a toilet seat in place on the day of inspection. The person in charge outlined the reason for the missing toilet seat and was able to assure the inspector that the issue was being reviewed to get a suitable alternative to meet all the residents' needs.

The transition plan for one resident was reviewed during the inspection. This was well-planned and involved the family and staff at both designated centres with input from the multi-disciplinary team. One staff member transitioned with the resident to this centre and remains his key worker. The centre has maintained the same family contact arrangements as before where the resident is taken to stay with family members every three weeks for one night. The staff also informed the inspector of regular activities this resident enjoys with a former peer from the previous designated centre where he lived. The inspector observed this resident being supported by staff in a very professional and caring manner.

The risk register had been updated and reviewed in September 2018 by the social care leader and person in charge. And there was a plan in place to implement a new

electronic risk register which the person in charge was responsible for implementing.

Individualised emergency evacuation plans were in place and reviewed regularly. Fire safety checks and servicing of fire equipment were completed regularly. The provider had ensured that regular fire drills were carried out at the centre with learning outcomes following these drills discussed at staff meetings. However, no minimal staffing drill had been conducted in the centre. Some staff had not participated in any fire drills to date and refresher training in fire safety had not been completed by all staff. On the day of the inspection a fire door was wedged open between the kitchen and the hallway. The inspector brought this to the attention of the person in charge. The inspector did see documented evidence of the social care leader actively seeking a solution to this issue. The inspector was given assurances by the person in charge that this fire door would have a magnetic self-close lock applied the day after the inspection. The inspector subsequently received an email and a photo showing the self-close lock on the fire door on the 25 October 2018.

A medication audit had been conducted in July 2018 and actions progressed. Medication errors had been reported as per policy. However, there was no documented evidence of the actions taken or learning outcomes for staff following these events. The inspector noted a trend of staff signing the medication administration records before giving the medications with errors occurring when residents did not receive these medications. This was discussed during the inspection with the person in charge and the social care leader.

The personal planning process ensured that residents' social, health and developmental needs were identified. These plans were subject to regular reviews both annually and more frequently if the needs of the residents changed. The planned goals were also subject to review and the inspector saw evidence of goals being updated to suit the changed needs of one resident.

Overall, the inspector found there was a good level of compliance with regulations relating to the quality and safety of resident care; and evidence that the residents' social integration and development was being prioritised.

Regulation 11: Visits

Residents could receive visitors, however, more often the residents were supported to visit and stay with their family members on a regular basis.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents received appropriate care and support having regard to their assessed needs and abilities

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. However, on the day of the inspection, cable conduit was loose in the staff bedroom and a damp area was observed on the ceiling of one resident's bedroom. One of the shared bathrooms did not have a toilet seat in place on the day of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' needs were well met. Residents chose and were involved in the preparation of their own food.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The transition plan for one resident was reviewed during the inspection. This was well planned and involved the family and staff at both designated centres with input from the multi-disciplinary team. One staff member transitioned with the resident to this centre and remains his key worker.

Judgment: Compliant

Regulation 26: Risk management procedures

Actions from the previous inspection had been addressed. The risk register had been

updated and reviewed in September 2018 by the social care leader and person in charge.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections. Pictorial aids were visible throughout the centre to remind residents and staff of good hygiene practices.

Judgment: Compliant

Regulation 28: Fire precautions

Individualised emergency evacuation plans were in place and reviewed regularly. Fire safety checks and servicing of fire equipment were completed. The provider had ensured that regular fire drills were carried out at the centre with learning outcomes following these drills discussed at staff meetings. However, no minimal staffing drill had been conducted in the centre. Some staff had not participated in any fire drill to date. Refresher training in fire safety was not completed by all staff.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Actions from the previous inspection had been addressed. A medication audit had been conducted in July 2018 and actions progressed. Medication errors had been reported as per policy. However, there was no documented evidence of the actions taken or learning outcomes for staff following these events

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Actions from the previous inspection had been addressed. Residents' personal plans were comprehensive and had input from family members. These were up-to-date

and reflected the residents' assessed needs and staff knowledge. Personal goals were being progressed and those that were not attained had alternative goals in place that had been achieved.

Judgment: Compliant

Regulation 6: Health care

Actions from the previous inspection had been addressed. The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Actions from the previous inspection had been addressed. The provider had ensured that behaviour support plans were in place for residents. All plans viewed by the inspector had been reviewed in September 2018 and had been updated and progressed.

Judgment: Compliant

Regulation 9: Residents' rights

Actions from the previous inspection had been addressed. The provider had documented agreements in place for managing the finances of the residents. The provider had ensured that the residents' privacy and dignity was respected and services were provided ensuring personal choice and independence in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.5 Brooklime OSV-0005149

Inspection ID: MON-0025385

Date of inspection: 24/10/2018

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>In respect of the fire safety training 2 x staff have completed this training on 8/11/2018 and one staff is due to attend this training on 6/12/2018. The remaining 3 staff will complete it on 11/12/2018. All staff that require refresher Behaviour Support MAPA training will be trained by 21/12/2018</p> <p>The Person in Charge will tutor the Team Leader to practically implement and document the supervision policy and procedure on 28.11.2018. This will be implemented on a phased basis and completed for all staff by 31/3/2019</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In future the Provider 6 monthly visits will identify and monitor gaps in staff training. Records of staff supervision arrangements will be maintained in the Centre [31/03/2019]</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contact will be made to individual persons supported families by 23/11/2018 to finalise on signing off the service agreements. Referrals will be made to the Social Work Department or the support of an independent advocate to the support the process if required.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: - All policies requiring review have been updated and a revised schedule will be included in the SOP. - The SOP reflects approved staffing levels and minimum staff rostered in the Centre. The Statement of Purpose will be up-dated to reflect these changes by 30/11/2018.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All outstanding maintenance work will be completed by 21/11/2018.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire safety training 2 x staff have completed this training on 8/11/2018 and one staff is due to attend this training on 6/12/2018. The remaining 3 staff will complete it on 11/12/2018. Minimum staffing evacuation drill was completed on 27/10/18. All staff will have participated in a fire drill by 21/11/2018.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In future, any medication errors will be reviewed at the local staff meeting and any learning from such incidents will be documented in the designated centre.[30/11/2018]	

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	21/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2019
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	21/11/2018
Regulation 23(2)(a)	The registered provider, or a	Substantially Compliant	Yellow	30/11/2018

	<p>person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 23(3)(a)	<p>The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.</p>	Substantially Compliant	Yellow	31/03/2019
Regulation 24(3)	<p>The registered provider shall, on admission, agree in writing with each resident, their representative where the resident</p>	Substantially Compliant	Yellow	31/12/2018

	is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	11/12/2018
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/12/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	20/11/2018

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/11/2018