



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

Issued by the Chief Inspector

Name of designated centre:	Brinkwater Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	06 October 2020
Centre ID:	OSV-0007772
Fieldwork ID:	MON-0030463

About the designated centre

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

Brinkwater Services provides a combination of residential, and respite services with day supports for up to five adults with a moderate to severe intellectual disability. The house consists of three self-contained apartments: two one bedroom, and one three bedroom apartment. Residents can access their apartments independently through an internal courtyard. Residents have complex health and behaviour support needs and receive constant 1:1 staff supervision during the day and at night, a waking night staff supervise all of the residents in the apartments through internal doors. Residents are well supported by their staff, families and allied health professionals who are familiar with their care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 6 October 2020	10:30hrs to 16:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

The inspector observed this designated centre to be a modern and clean premise and very suitable for the residents needs. On the day of inspection, two residents were accommodated in the centre, one in each of the one bedroom apartments. The three bedroom apartment was vacant as the third resident was at home with their family.

Due to the COVID-19 pandemic, the inspector located themselves in the vacant three bedroom apartment and met with residents and staff while adhering to public health guidance in relation to face masks and physical distancing. The inspector got the opportunity to meet the two residents and it was clear the residents were very happy in the centre, but were unable to verbally communicate verbally with the inspector.

The inspector was told by a staff member that one resident liked to watch television and enjoyed using their computer. They also liked to go for spins on the bus and the inspector observed two staff accompanying them on a bus for a social outing while the inspection was taking place. The second resident also went out on the bus to the nearby racecourse for a walk. The residents living in this centre had very complex health and behaviour support needs, and the staff were familiar with the residents and told the inspector that the resident had settled very well into their new environment since moving to Brinkwater Services.

Capacity and capability

The provider had established a clear governance structure and had appointed experienced persons to manage the centre. Residents living in Brinkwater Services had a diagnosis of a learning disability and autism and had complex behaviours of concern. This centre was established specifically for residents with complex health and behaviour support needs, and the inspector found the premise and staffing support provided by the provider ensured residents were safe and their care and support needs were being met. Thirteen regulations were inspected on this inspection and eleven were fully compliant and improvements required in two regulations, which are outlined below.

The centre was managed by a person in charge and a team leader and they ensured the centre was well managed. They told the inspector that since moving to the centre, the residents quality of life had significantly improved. In general, they had found that the new environment, had resulted in a significant reduction in the use of restrictions on the the residents. Furthermore, the enhance staffing levels, and the availability of two vehicles to access the community when needed had improved the

lived experience of the residents. The inspector saw evidence of this in the low number of accidents and incidents reported in the centre.

There were no complaints in the centre since opening in March and staff had access to mandatory training via e-learning and all of the schedule five policies and procedures were in place and available to staff. The provider had completed a six monthly unannounced visit of the centre since it opened in March 2020 and did not identify any issues of concern. However, the inspector found there was an absence of specific contingency planning for the management of risks associated with a COVID-19 outbreak in the centre. For example; there was no centre or individual resident risk assessments or protocol on how staff should manage a suspected or confirmed case of COVID-19 in the centre. In addition, the provider did not ensure there were robust audits completed on the management of risks in the centre, following an serious incident where a resident had displayed challenging behaviour to staff while using the centre's transport.

Regulation 15: Staffing

Staffing numbers and arrangements were based on the assessed needs of the residents and the design and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed the appropriate mandatory training, and had refresher training scheduled as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to manage a safe quality service that was appropriate to the residents needs. However, better oversight of risk management procedures were required, in relation to infection control risks, and also how staff should mitigate potential risks associated with residents who may display challenging behaviour when being transported in the centre's vehicle.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no complaints logged in the centre since residents were omitted to the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had all of the required schedule 5 policies and procedures in place in the centre.

Judgment: Compliant

Quality and safety

The inspector found the residents' quality of life had significantly improved since moving to Brinkwater Services. The residents assessed needs were being met. The living space, staffing support and transport facilities made available to the residents since moving to the centre has resulted in a better outcomes for the residents. Eight regulations were reviewed under the quality and safety regulations and seven regulations were fully compliant. However, risk management required improvement in relation to managing risks on the transport and covid 19 preparedness and contingency planning.

The inspector found that residents were supported to have a person centred and good quality service, residents choices and rights were promoted and respected. There was evidence of consultation with residents about support requirements and the actions required to enhance the service that they received.

Assessments of needs were completed for each resident which assessed personal, health and social care goals. Support plans were developed and residents were facilitated to access multidisciplinary supports where the need was identified.

The provider had arrangements in place in relation to infection prevention and control (IPC) including; daily log of staff present and residents supported entry and exit, PPE Stock control measures, visitors questionnaires, and posters regarding IPC measures such as hand washing. Staff spoken with had awareness of measures required to minimise the risks of contracting COVID-19 including use of face coverings in the centre and when out in public, use of hand gel and physical

distancing. There was regular cleaning schedule in place to ensure good infection control procedures were maintained. However, although comprehensive infection control measures were in place, management of the centre had not ensured that a contingency plan or risk assessments were in place for the centre specifically to guide staff on how to manage the residents' care and support needs if they were suspected or confirmed of having COVID-19.

The person in charge had ensured there was a planned and actual staff rota, showing staff on duty during the day and night. Staffing supports were based on the assessed needs of the residents and the layout of the premises. The centre is subdivided into three separate apartments and staff were assigned to each area on at least a 1:1 basis. There were four staff supporting the three residents daily. Some residents received two staff support, and the other residents had one staff support during the day. At night, one staff member supervised the three residents at night and the plan was to increase night staff support as the new admissions occur. Nursing care and advice was available from within the skill-mix and governance structure. Residents received continuity of care from a team of staff known to them, as staff previously providing support to the residents had chosen to transfer to the new centre.

The inspector found that there was good measures in place to ensure the safety of residents including; staff training in safeguarding, adherence to safeguarding procedures and facilitating residents access to advocacy where required. Previous peer to peer safeguarding concerns had been mitigated since moving to the centre and the person in charge told the inspector that they no longer required safeguarding plans in the centre. Staff spoken with demonstrated knowledge about what to do in the event of an allegation of abuse, and confirmed they felt comfortable to discuss any concerns that may affect the safety and welfare of residents.

The inspector saw evidence where residents that required supports with behaviours of concern had access to allied health professional supports. Staff spoken with were familiar in describing strategies that were useful in supporting residents to minimise behaviours of concern. There were a number of restrictive practices in place in the centre at this time; however, these were assessed by the manager and approved by the organisational human rights committee.

The registered provider had ensured there were effective fire equipment and procedures in place in the centre. Fire door self closures were installed following the last inspection as identified in the previous compliance plan.

Regulation 26: Risk management procedures

The provider did not have a centre specific, or individual risk assessments completed to guide staff on how to manage the risks associated with residents at the centre being suspected or confirmed of having COVID-19. Also there was no written guidance for staff of the procedures to follow when they are bringing a resident on

transport, that potentially could exhibit challenging behaviour towards staff and how best to mitigate these risks.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had arrangements in place for infection prevention and control; including availability of PPE, staff training, and an enhanced cleaning schedules in the centre. Issues around preparedness and contingency plans for the management of suspected and confirmed cases within the centre is addressed under risk management and governance and management.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective fire procedures in place in the centre. Fire door self closures were installed following the last inspection as identified in the compliance plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessments completed of their health and social care needs. A sample of resident files reviewed demonstrated that residents' needs were assessed regularly in line with allied health professional recommendations.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured residents had appropriate health care professionals and treatment in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place to support them and had been facilitated to access external supports as required. Restrictive practices in place were regularly reviewed and monitored by management and the human right committee.

Judgment: Compliant

Regulation 8: Protection

Staff received training in safeguarding residents and staff spoken with were aware of what to do in the event of an allegation of abuse. Since moving to this centre, there were no peer to peer safeguarding incidents, as residents were receiving an individual services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and dignity were maintained and they had the freedom to exercise choice and control in their own life.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brinkwater Services OSV-0007772

Inspection ID: MON-0030463

Date of inspection: 06/10/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC, in conjunction with the MDT carried out a review of Behavioural Support Protocols for the individual concerned to ensure staff are clear to enhance staff s understanding as to how they can mitigate against potential risks associated with the resident concerned while using the centers transport vehicle.</p> <p>The PIC completed a site specific Covid-19 Contingency Plan, providing clear guidance for staff on the procedures to follow in the event of there being a suspected or confirmed case of Covid-19 within the Designated Centre</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A site specific Covid-19 Contingency Plan has been completed, providing clear guidance for staff on the procedures to follow in the event of there being a suspected or confirmed case of Covid-19 within the Designated Centre</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/10/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	16/10/2020