



## Office of the Chief Inspector

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

Name of designated centre:	No.2 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	20 June 2019
Centre ID:	OSV-0005129
Fieldwork ID:	MON-0026592

## About the designated centre

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

The designated centre provides residential supports for a maximum of 9 male adults aged over 18 years. It provides support for persons with moderate to severe levels of intellectual disability including those with autism. Some individuals may have high medical and physical support needs and also require assistance with communication and behaviours that challenge.

The designated centre comprises of two houses, Ashcroft and Donaree, both of which are located in a village outside Cork city. Ashcroft, is a detached dormer-style house with an adjacent apartment, which provides supports for up to 4 adults. Donaree is a bungalow, set on an elevated site with panoramic views over looking the harbour. Staffing qualifications include social care, social studies, disability studies and health care assistants. Nursing input is provided as required. The staffing complement for Ashcroft is 6.5 whole time equivalent. Donaree has a staffing compliment of 7 whole time equivalent.

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

Number of residents on the date of inspection:	8
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## How we inspect

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
20 June 2019	09:00hrs to 17:00hrs	Lisa Redmond	Lead

## Views of people who use the service

On the day of inspection, the inspector had the opportunity to meet and interact with all eight residents residing in the designated centre. The inspector observed residents getting ready for the day ahead, with supports provided by staff members. Although some of the residents could not tell the inspector their views, the inspector observed that residents appeared happy in their home. A number of residents showed the inspector their bedrooms, which were decorated to suit their individual needs and preferences.

Interactions between staff and residents were noted to be positive and respectful in nature. Throughout the inspection, it was evident that staff members were able to interpret the individual signals, needs and preferences of residents, ensuring person centred supports were provided.

## Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that overall, effective governance systems were in place. The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision. A comprehensive annual review of the quality and safety of care and supports in the designated centre had been completed. This review was completed in consultation with residents' views and the views of their representatives. It also identified areas of good practice and areas which required improvement. The registered provider had also ensured that an unannounced visit to the designated centre was completed every six months.

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. An actual and planned roster was available for the inspector to review in the designated centre. Staff spoken with were knowledgeable about the individual needs of residents and were observed to interact with residents in a positive, respectful and inclusive manner.

The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A number of staff members had not completed mandatory training in the safeguarding of vulnerable adults, managing behaviour that is challenging or fire safety.

The person in charge had ensured that all incidents occurring in the designated centre, were notified to the office of the chief inspector in line with regulatory requirements.

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

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

The registered provider had ensured that effective arrangements were in place in the event that the person in charge was absent.

Judgment: Compliant

## Quality and safety

The inspector observed the quality and safety of care and supports provided in the designated centre and found that overall they were of a good standard.

The inspector had noted in one of the houses within the designated centre, that a bathroom was being shared by five residents. The person in charge informed the inspector that they were awaiting the delivery of visual handrails for the en-suite bathroom of one resident, in line with their assessed needs. Therefore the resident was using the main bathroom as a temporary safety measure. The person in charge identified that there was a current plan to extend the house, to increase the storage space available and provide an additional accessible bathroom space for residents. Two upstairs windows also required cleaning due to dirt and mould.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. However, individual goals were not clearly identifiable and it was not evident who was responsible to support residents in achieving their chosen goals. The inspector observed documentation that one resident would like to go on holiday however; it was documented that this would not occur as it had not been deemed as value for money. Staff spoken with identified that the resident would be offered an alternative holiday in line with their individual likes and preference. However, this was not evident within the resident's personal plan.

The person in charge had not ensured that staff had up to date knowledge and skills, to respond to behaviour that is challenging. One resident had five separate

documents providing guidance for staff to support them in managing their behaviour. One of these documents identified that the resident had been on a waiting list for intensive support since 2017 and had not yet received this support. Another document identified that all staff were to use social stories with a resident however, it did not provide clear guidance for staff regarding what social story to use or in what context it was required for the resident.

The registered provider ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

The registered provider had ensured that effective fire management systems were in place, including the provision of fire-fighting equipment, fire doors and a fire alarm system. Fire evacuation drills were completed with residents on a regular basis. The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

### Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises were designed and laid out to meet the needs and objectives of the service and the number and needs of residents. However, two upstairs windows required cleaning due to dirt and mould.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.



Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire management systems were in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge had not ensured that the residents' personal plan outlined the supports required to maximise the residents' personal development in accordance with their wishes. The person in charge had not ensured that the personal plan was developed through a person centred approach in line with their wishes.
Judgment: Substantially compliant
Regulation 6: Health care
The registered provider ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge had not ensured that staff had up to date knowledge and skills, to respond to behaviour that is challenging and to support residents to manage their behaviour.
Judgment: Not compliant
Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for No.2 Brooklime OSV-0005129

Inspection ID: MON-0026592

Date of inspection: 20/06/2019

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Medication Refresher date has been booked and staff are due to attend this training on 31/7/19, while another has completed the same on 5/7/19.</p> <p>MAPPA refresher training has been booked and staff are due to attend this training on 26/8/19.</p> <p>Fire Safety Training has been booked and staff are due to attend this training on 1/8/19.</p> <p>The Person in Charge will ensure that Social Care Leaders will review the Centres training matrix fortnightly in conjunction with the staff rosters and imbed the two together so that the training matrix will be up updated fortnightly. A reminder text is also going to be sent to staff regarding upcoming training dates.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The two upstairs Velox Windows were cleaned on the 21/6/19. The Person in Charge will ensure that the condition and suitability of the centre will be kept under constant review as part of the Risk Identification standing agenda item at staff Team meetings.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A full review took place on 16/7/19 of the Persons Supported individual Positive Outcomes Measures Plan in consultation with the Person Supported, key Worker, Social Care Leader and PIC detailing the persons supported goals for the 2019. The actions were agreed on and the Social Care Leader and the Key Worker are responsible for supporting the Person Supported to achieve his goals.</p>	

<p>The PIC will ensure that all individual goal progression reviews are conducted on a quarterly basis.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>An application of referral has been made to the Behavioural Support Services 17/7/19 for a consultation to review a current Behaviour Support Plan. This will provide clear guidelines for staff on actions to be taken from Periodic Service Reviews to support the Person Supported. This was done in consultation with staff, the Person Supported and his family.</p> <p>Currently all staff are up to date with MAPPA training with one staff due to participate in refresher training on 26/8/19.</p> <p>All Core staff have completed an introduction to Positive Behaviour Support Training. The Social Care Leader and another core staff have also completed Longitudinal Positive Behaviour Support Training, which in turn provide support for the Persons supported and the staff team.</p> <p>The PIC will issue clear guidance to staff on the Positive Behaviour Support system to assist in the implementation of procedures.</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 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.	Not Compliant	Orange	26/08/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/06/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	17/07/2019
Regulation 05(4)(c)	The person in charge shall, no later than 28	Substantially Compliant	Yellow	17/07/2019

	days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	26/08/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	26/08/2019