Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	No.3 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 July 2019
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0022613

About the designated centre

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

No. 3 Brooklime is a registered centre for 5 female adults on a full-time basis. It is a bungalow in a community setting in Co. Cork. The centre provides support for persons with severe to profound levels of intellectual disability including those with autism. The individuals may have multiple/complex support needs and may require support with behaviours that challenge. No. 3 Brooklime is a detached six bedroom bungalow which has been refurbished to meet the needs of the people living here. The house includes 5 residents' bedrooms, a staff bedroom, kitchen/dining room, two sitting rooms, three bathrooms, utility room and garden area. The core staff roster is 2 staff with 1 sleepover staff and one night awake staff. Additional staff may be assigned to support particular activities during evenings and weekends. Nursing inputs are provided as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
16 July 2019	08:30hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector had the opportunity to meet and interact with four of the residents residing in the designated centre. The inspector observed residents getting ready for the day ahead, with supports provided by staff members. Although the residents could not tell the inspector their views, residents appeared relaxed in nature. One resident appeared to enjoy having a cup of tea in the kitchen, whilst another resident was supported to watch a DVD and use her computer device. On the day of inspection, one resident was unwell. The resident was supported to stay at home, with extra supports provided by staff members.

Staff spoken with informed the inspector that residents appeared happy in their home. 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.

Residents and their representatives were provided with the opportunity to complete a questionnaire about the quality of care and support they receive in the designated centre. Overall, residents' representatives were happy with the quality of supports provided by staff members. Two of the questionnaires received identified issues with the transport provided by the designated centre. All of the findings from the questionnaires were discussed with staff members on the day of the inspection.

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 within 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 designated centre had appointed a person in charge of the designated centre. This individual held the necessary skills, qualifications and experience to fulfil the role. The designated centre had a statement of purpose, which clearly outlined the care and supports provided to residents. The statement of purpose contained the

information required under Schedule 1.

The inspector reviewed the staff training matrix. It was noted that a number of staff members had not received training in managing behaviour that is challenging due to a scheduled training being cancelled. All staff members working in the designated centre had received training in the safeguarding of vulnerable adults and fire safety. A number of staff members had also received training in first aid, feeding, eating and drinking and alternative communication methods. These trainings had been completed to support these staff members to meet the assessed needs of residents.

During the inspection, it was identified that a restrictive practice was in place for one resident. However, this had not been notified to the chief inspector in line with regulatory requirements.

The registered provider had ensured a full application to renew the registration of the designated centre. The inspector also looked at documentation which identified that the designated centre was adequately insured.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

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.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: 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 30: Volunteers

There were no volunteers in the designated centre on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Not 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 designated centre was noted to be warm, clean and suitably decorated. Sufficient space was provided for residents to relax in the two living areas provided. The inspector had the opportunity to see four of the residents' bedrooms. It was evident that they had been decorated in line with residents' likes, preferences and assessed needs. This included the installation of colourful garden ornaments outside the bedroom window of one resident.

Whilst walking around the designated centre, the inspector observed a foam fire extinguisher in the entrance. It was observed that access to this fire extinguisher was restricted as two wheelchairs were stored in front of the fire extinguisher. The inspector also observed an external door which was marked as an emergency exit which was locked. A break glass key system was in place beside the door; however, access was restricted due to a large box and a step ladder being stored in front of it. These items were removed immediately by staff members on duty. Two fire doors had been repaired, following the discontinuation of the use of peepholes. The inspector requested assurances that the filler used to repair the doors, did not compromise the effectiveness of the fire doors. The person in charge informed the inspector that these two fire doors were replaced the day after the inspection.

A night time fire evacuation protocol was in place in the designated centre however; the procedure was not fit for purpose. The protocol identified a specific order of evacuating residents at night. It was documented that one resident was identified as high risk of refusing to leave the designated centre in the event of a fire. This resident was identified in the protocol as being the second resident to be evacuated, which could potentially result in a delay in the evacuation of other residents. Another resident was noted in their personal emergency evacuation plan as being at risk of dropping to the ground in the event of a fire. This had not been identified as a risk in the designated centre's risk register. The protocol for evacuation did not consider the location of a fire, or the impact of residents refusing to leave on the residents to be evacuated after them.

A risk management policy was in place to support staff members to manage risks in the designated centre. There were a total of nine centre specific risks identified on the designated centres risk register. The inspector reviewed the centre specific risks and noted that not all control measures put in place to mitigate risk, were

implemented as guided in the risk assessment. One risk assessment identified a control measure that when a resident was in the garden, the external gate was closed. This control measure was not in place while the resident was in the garden on the day of inspection.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. There was also evidence of multidisciplinary input and review, in line with each resident's assessed needs. The inspector spoke with staff members who were aware of the assessed needs of residents.

One resident had a health care management plan in place to support them with their weight management. One preventative measure of this plan was the recording of the resident's daily food intake. However, gaps were noted in the documentation of the resident's dietary intake. It was evident that residents were supported to access allied health professionals as required.

Residents who were unable to verbally communicate had an assessment of their communication needs and an associated plan to support them to communicate effectively. One resident was being supported to use assistive technologies as part of their chosen goals. Individual goals were clearly identifiable and it was evident who was responsible to support residents in achieving their chosen goals.

Staff spoken with identified that they were currently dealing with transport issues which was causing upset to one resident. The transport issues meant that although a vehicle was available as required and did not affect activities, the vehicle provided was not always the same. Staff members told the inspector that the resident had been referred for behavioural support. In the interim, a behaviour support plan was in place to support the resident. This plan provided clear guidance for staff to support the resident.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

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.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre for all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for extinguishing fires, or evacuating, where necessary in the event of a fire, all persons in the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had 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 ensured that the personal plan was developed through a person centred approach in line with their wishes.

Judgment: Compliant

Regulation 6: Health care

The registered provider had not ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had 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: 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0022613

Date of inspection: 19/07/2019

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The Person in Charge will ensure that the Staff Training Matrix includes site-specific required training such as Positive Behaviour Supports, FEDS, First Aid, Total Communication etc. as well as mandatory training.
The PIC will ensure that the Matrix is kept updated and training for relief staff is scheduled on a timely basis.

All core staff have Introduction to Positive Behaviour Support training. 5 regular relief staff will complete introduction to positive behaviour support training on 3/9/19.

All Core staff have received Bespoke First Aid Specific Training in November 2017. Bespoke First Aid Specific Training will take place in November 2019. Core and regular relief staff will attend this training.

Staff requiring FEDs training are booked for this training on the 28/8/19 and 2/10/19.</td></tr>
<tr><td>Regulation 31: Notification of incidents</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Person In Charge will ensure that all restrictions are notified on the quarterly returns to the Authority. This will specifically include the seat belt guard used in transport for a</td></tr>
</table>

Person Supported and the locked back doors for security purposes that previously were not reported.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review of the Risk Register took place on the 14/8/19 with the PIC and Team Leader to ensure the completeness of the register and the accuracy and appropriateness of the control measures stated therein. Amendments include specific control measure identified in this report in relation to fire risks and staff training The named risk of Person Supported Absconding, previously stated that the external gates should be closed at all times, however on review of this risk assessment, the control measure now states that the gates should be closed in times, only when the Person Supported is displaying behaviours of heightened anxiety. This action is also reflected in the Person Supported reactive strategies.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Foam fire extinguisher has been relocated to a more accessible area where it cannot be blocked by the storage of the wheel chairs. The blockages to access of the break glass key system was discussed as a learning incident at a staff meeting on 14/8/19. All staff have been instructed to be more vigilant. The nighttime fire evacuation protocol was reviewed with the Fire Safety Officer, PIC and SCL on the 16/8/19. Amendments made to reflect the following. The higher risk fire areas for a potential fire occurring are in the boiler room, kitchen and Utility room. This taken into account provides the rational to evacuate Person Supported from room 1 first. The protocol then indicates that the Person Supported who has difficulties around deep sleep evacuation is evacuated next as they are the furthest away from the exit. This is standard protocol in fire evacuation procedures 'to start at the furthest point of the building working your way towards the exit'. If there are delays in evacuating this resident, the second staff will proceed to evacuate the other residents.	

The Person Supported with difficulties evacuating on deep sleep drills, has commenced a weekly training schedule, this will include staff rotation, a social story, use of PECs and distraction methods i.e. Clapping hands.

A review of the Persons Supported PEEP took Place with the PIC, Team Leader and Key Worker on the 14/8/19, an amendment was made to remove the statement 'that the Persons Supported may drop to the floor during evacuation'. This behaviour has never been recorded during any past day or nighttime fire evacuation drills. As a result this, it has not been entered on the Risk Register as a named risk.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
On the 14/8/19 at a staff meeting, documentation pertaining to a Persons Supported Health Care Management Plan and recording systems were reviewed. It was agreed that the Sleepover staff has been given the responsibility of making sure that all relevant data has been recorded for and signed daily. This is also reflected on the house daily duty list.

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	30/11/2019
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	14/08/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	16/08/2019

	containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	16/08/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/10/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/08/2019