



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

## Issued by the Chief Inspector

Name of designated centre:	Bramble Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	27 April 2023
Centre ID:	OSV-0004465
Fieldwork ID:	MON-0036360

## About the designated centre

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

Bramble Services is located in a town in Co. Roscommon and is run by Brothers of Charity Services Ireland. This centre provides a residential and respite service for up to five male and female adults, with mild to severe intellectual disabilities and who may fall within the autistic spectrum. This service can offer support to people with behaviour that challenges and those with mental health needs. The centre comprises of three adjoining houses in a residential area of a rural town. Each house provides residents with their own bedrooms, shared and private living spaces and gardens. Staff are on duty both day and night to support residents who live here.

**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 (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
Thursday 27 April 2023	13:30hrs to 18:25hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector did not have the opportunity to meet with any residents who lived in the centre during the course of this inspection. There were two residents residing in the centre on the day of inspection. One resident was out for the day with staff. Another was in day service during the day, was out with staff for other activities in the evening and had not returned to the centre by the close of inspection. The other respite users were not availing of the service on this day. As part of this inspection, the inspector met with the person in charge, a staff member and a senior manager, and also viewed a range of documentation and processes.

There was evidence that residents were out and about in the community and involved in activities that they enjoyed and found meaningful. Leisure activities that residents enjoyed and took part in, included swimming and aqua aerobics, cinema, shopping, family involvement and outings to local restaurants and places of interest. There was evidence to show that some residents were going to weekly swimming and aqua aerobic sessions, and frequent cycling. A resident was involved in Special Olympics and practiced bowling weekly for this. Some of the places of interest that residents had been to visit, included matches in Croke Park, fairs and vintage car shows, and outings to restaurants, castles and parks in the area. A resident was very involved in two weekly walking groups in the area, one of which the resident themselves had set up. Residents had the option of receiving a home based service from the centre, or to attend day services in the local area.

The centre was three adjoining houses in a residential area of a rural town and this suited the needs of residents. The centre was comfortably furnished and decorated, suitably equipped and well maintained. There was plenty of space where residents could relax or carry out activities that they liked. Each resident, including respite users, had their own individual bedrooms, and all bedrooms were individualised and comfortably furnished. The houses were sufficiently spacious for residents to have privacy. Each house had a well-equipped kitchen and rear gardens. Suitable facilities were also available for residents to do their own laundry if they wished.

Overall, it was clear during the inspection that the centre suited the specific needs and interests of the residents and respite users who lived there, and that they were well supported by staff to live the life that they enjoyed and preferred. However, some improvements to systems were required to ensure that a good standard of care for the resident would continue to be provided, and enhanced. These improvements are further discussed in the following sections of this report.

## Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived there, and to those who received a respite service there. However, some management systems required strengthening to ensure that a good quality and safe service would continue to be maintained. The required improvements related to staff training, and operational policies.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. Although the person in charge had other management functions in the organisation, she was supported by a team leader in the management of this service. The team leader was present at the inspection and was also very knowledgeable regarding the running of the service and the care needs of residents. Effective arrangements were in place to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents who lived or availed of respite service there. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport for residents to use, access to Wi-Fi and televisions, and adequate staffing levels to support residents' preferences and assessed needs. A range of healthcare services, including speech and language therapy, physiotherapy, and occupational therapy staff were available to support residents as required. Since the previous inspection of the centre in November 2021, the provider had carried out improvements to the centre to increase the comfort for residents living there, and additional management support had been provided for the person in charge.

There were procedures in use for reviewing and monitoring the service to ensure that a high standard of safety and care was being provided and maintained. Unannounced audits of the service were being carried out on behalf of the provider. These were being carried out twice each year. These audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits were effective, as areas which required improvement were identified and had either been addressed, or were being addressed in a timely manner. Other audits, such as cleaning checks, emergency bag audits and fire safety were being carried out by the person in charge and staff. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, and included consultation with the resident and their representative.

Staff were receiving training relevant to their roles, such as training in risk management and safe administration of medication in addition to mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended additional training in various aspects of infection control in response to the COVID-19 pandemic. However, the training recording matrix was not fully up to date at the time of inspection, which presented a difficulty in establishing current training

needs.

Records viewed during the inspection, such as healthcare and personal planning records and fire safety information, were informative and up to date. The provider had also developed a directory of residents which included the required information relating to each resident who lived or received respite care in the centre.

Policies required by schedule 5 of the regulations were available to guide staff, in addition to other policies that were relevant to the care of residents. However, some policies had not been within the past three years as required by the regulations.

There were good procedures in place for the management of complaints, including a process for recording, investigating and resolving complaints, and there was an up-to-date policy to guide practice.

### Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was suitably supported by the provider to carry out this role effectively.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had made a range of training, including mandatory training in fire safety, behaviour support, and safeguarding available to staff. However, it was difficult to assess if all staff had received training within the required time frames as the training matrix was not up to date.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to residents who lived, or received respite service, in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Although there had been no complaints in the centre, policies and procedures were in place to ensure that any complaints would be suitably managed, investigated and recorded.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A wide range of policies, including those required by schedule 5 of the regulations, were available to guide staff. However, while most of these were up to date, some operational policies and procedures required by schedule 5 of the regulations had not been reviewed at intervals not exceeding three years.

Judgment: Substantially compliant

## Quality and safety

Overall there was a high level of compliance with regulations relating to the quality and safety of care provided in this centre. The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. However, improvement was required to the fire drill procedures and to the residents' guide.

The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived or received respite care, in the centre. Residents received person centred care that supported them to attend day services and to be involved in activities that they

enjoyed. This ensured that each resident's well being was promoted at all times and that they were kept safe.

It was clear that the management team and staff ensured the resident's rights in areas such as leisure activity, healthcare and family access were supported. Review meetings took place annually, at which residents' support needs for the coming year were planned. This personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. As some residents' stays in this centre were not full time, their families, day service staff and designated centre staff worked together to support their goals and to ensure that their assessed needs were met. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure consistent support for their needs.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre, and to meet friends in other places, as they wished.

The provider had ensured that residents had access to medical and healthcare services to ensure their well-being. Residents had access to general practitioners (GPs) as required and professional services, including social worker, physiotherapy, psychology, occupational therapy and behaviour support, were supplied by the provider. None of the residents were currently eligible to attend national screening programmes.

There were good measures in place to manage risk in the centre. These arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice. Since the last inspection of the centre, the provider has also introduced additional measures to reduce and manage risks associated with infection control.

Systems were in place to safeguard residents and staff from risks associated with fire. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of residents in fire evacuation drills, all of which had taken place in a timely manner. Personal emergency evacuation plans had also been developed for each resident. However, improvement to the fire drill process was required to ensure that, in so far as is reasonably practical, each resident would have the opportunity to take part in a fire drill in a night-time situation, to ensure that residents' evacuation needs for all times of day and night could be accurately established.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide for residents which was presented in an easy-to-read format. However, this guide required improvements as it not clearly state some information required by the regulations.

### Regulation 11: Visits

Family contact and involvement was seen as an important aspect of the service for both respite and full time residents and there was an up-to-date visiting policy to guide practice. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished, and for them to visit family and friends in other places.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable supports and resources were provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents who lived or received respite services there. The centre was well maintained, comfortable, clean and suitably decorated.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had developed an informative residents' guide that met most of the requirements of the regulations, and was made available to residents in a suitable, easy-read format. However, some improvement to the guide was required:

- terms and condition relating to residency were not stated

- information on how to access any inspection reports was not clearly stated.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, risk assessments were up to date, and there was a risk management policy to guide practice.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection prevention and control arrangements were not reviewed in full at this inspection. However, it was found that issues that had required improvement at the last inspection had been addressed.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the provider had ensured that good measures were in place to protect residents and staff from the risk of fire. The provider had recently had the building assessed by a competent fire safety expert, and any issues arising from this assessment had been and were being addressed. However, some improvement to emergency evacuation drills and servicing of fire alarms was required:

- recording of night drills did not indicate if the drills were carried out while residents were sleeping, and therefore there was no information available to guide on how residents would respond in the event of an emergency while in a deep sleep situation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and respite users and were

based on each resident's assessed needs. As respite users were based in the centre at limited times the achievement of these goals was supported by families, day service staff, and staff in the designated centre.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents and respite users were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants as required.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Bramble Services OSV-0004465

Inspection ID: MON-0036360

Date of inspection: 27/04/2023

## 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>The training records on the matrix did not accurately reflect the training staff had completed in this designated centre – this information was unclear due to an administration error on the training matrix. However, individual staff records, which did accurately reflect staff training, were made available to the inspector on the day of the inspection 27/04/2023</p> <p>The training matrix system has now been reviewed and updated to accurately reflect training completed and training requirements within specified timeframes as of 01/05/2023</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>There were 2 policies that were found to be due for review on the day of the inspection. One policy had just recently been reviewed but had not been made available to services - this was distributed on 8/5/2023. The other national policy is currently under review and will be made available on or before the 31/07/2023.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident’s guide in this designated centre has been updated to reflect the terms and conditions for people accessing services in this centre.</p> <p>It also identifies how people can access feedback from HIQA inspections if they so wish to do so. This was completed by 15/05/2023.</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A nighttime fire drill is scheduled for when the service is at full capacity on the 20/06/2023	

## 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	01/05/2023
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	15/05/2023
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	15/05/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	20/06/2023

	<p>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.</p>			
Regulation 04(3)	<p>The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</p>	Substantially Compliant	Yellow	31/07/2023