



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	14 November 2022
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0038244

About the designated centre

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

The designated centre is located in a large residential area located close to Cork City. The centre provides residential services to individuals with an intellectual disability, including those with autism. The service can accommodate both male and female residents from 18 years and has a capacity of nine residents. It is comprised of three houses located adjacent to each other. Residents are supported to participate in household, social and leisure activities and to reach their full potential in these areas of their lives. Residents are also supported in activities of daily living, food preparation, managing finances, participating and accessing local community facilities and events. Each house provides individual bedrooms for all residents with two residents availing of apartment style dwellings which have been incorporated into one of the houses. Each house has a garden area to the rear with a communal space at the front which all three houses can access. There are communal sitting rooms in each house with additional space for residents in the apartments. Each house has adequate kitchen and bathroom facilities that meet the requirements of the residents. Residents are supported by a social model of care with access to multidisciplinary supports. Each house has dedicated staff to support residents in their home by day with a sleep over staff in each house by night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Monday 14 November 2022	14:00hrs to 19:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control (IPC) practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with eight of the residents during the inspection at times which suited their daily routines.

This designated centre was last inspected in May 2021 and was found to be compliant with regulation 27: Protection against infection during that inspection.

On arrival to the designated centre the inspector was greeted by one resident who had just returned from a shopping activity with a staff member. The resident sat down in the kitchen area and spoke with the inspector about how they had coped with the restrictions during the pandemic. They also happily spoke about their plans for a short break away including attending a concert with peers in the weeks after this inspection. They outlined how they had returned to their employment one day each week once the public health restrictions had eased. They proudly informed the inspector that they had been working in that location for over 14 years. They also enjoyed meeting friends and peers in social settings two days every week. They liked to complete the cleaning of their own apartment style accommodation and told the inspector what cleaning materials and equipment they used.

The inspector met another resident in their self-contained apartment after they returned to the designated centre from their day service. The staff member present encouraged the resident to explain to the inspector about plans for their home. This included the installation of their own dishwasher and the planned replacement of flooring. The resident had decorated the apartment with many personal items including artwork that they had created themselves and proudly displayed both in their apartment and in other areas of the designated centre. The resident also enjoyed spending time with family representatives regularly, including during the pandemic restrictions which the staff team had supported in line with the resident's expressed wishes.

The inspector spent some time chatting with two residents in another house later in the afternoon. Both residents were very proud of their home and the refurbishment that had been undertaken in a number of areas. The home was welcoming, relaxing and maintained to a very high standard. Staff informed the inspector that one of the resident's had assisted staff to up-cycle and repaint bedroom furniture for another peer living in the house. The inspector was shown these pieces of furniture which looked great in the bedroom. The resident for whom the work had been completed was also reported to be very happy with the finished results which enhanced their bedroom.

These residents also spoke of their happiness to be able to engage in many community activities which had been impacted during the pandemic. These included

attending karate and horse riding, meeting friends socially and returning to day services. One resident spoke of how they had yet to return to their work as a volunteer in a city charity; this was been followed up by the resident and staff. The same resident spoke about their enjoyment attending a number of sporting fixtures and outlined plans to attend larger venues in the future.

Another resident living in the same house acknowledged the inspector on their return from their day service. The staff explained to the inspector the preferred routine that the resident completed and was observed to undertake when they returned to their home on the evening of the inspection. While the resident enjoyed spending time in a particular sitting room that had been decorated to suit their preferences, staff outlined to the inspector how they had observed the resident was also choosing to spend time with their peers and alone in another sitting room area of the house since the maintenance works and redecoration had been completed. The resident was observed to be supported by staff to go out for a spin as per their wishes while the inspector spoke with their peers in the house.

Later in the evening, the inspector was introduced to three other residents after they had returned from their day service and enjoyed their home cooked evening meal. Staff explained to the residents why the inspector was visiting their home. One resident greeted the inspector with an elbow tap, another acknowledged the inspector but chose to continue on with their household chores at the time. The third resident was observed to be supported by familiar staff during the evening. The resident was encouraged to explain to the inspector plans they had to stay in a local hotel. The resident smiled as they spoke about these plans. Staff were also observed to consistently respond to the resident's questions and provide them with re-assurance as required during the inspection.

All of the houses in this designated centre were observed to be well ventilated and homely. They were decorated with personal items reflective of the residents living in the designated centre. It was evident that upgrade and general maintenance had taken place in some areas with advanced plans for further renovations to be completed in the weeks after this inspection. However, some variance was observed within the three houses. One house had an ill-fitting front door and windows. There was evidence of water egress into the property. The inspector acknowledges that an external contractor was on site at the time of the inspection to review the issue and that the provider was experiencing some difficulties to get these repair works completed. Issues identified regarding the premises will be further discussed in the quality and safety section of this report.

Staff spoken to during the inspection outlined the positive impact the easing of the public health restrictions had for the residents in this designated centre. Regular weekly schedules for each resident included attending day service, employment, a variety of community activities some of which have already been referred to in this report, swimming, shopping and other social activities in line with residents individual preferences. Staff had also supported all of the residents to remain safe during the pandemic in 2020. Two residents were supported to recover in their home at the end of 2021 when they contracted COVID-19. The other three residents living in the same house were supported by the provider and staff team to re-locate

to a holiday home for one week to ensure their safety during this period. Two residents in another house contracted the virus in June 2022. Both were supported by the staff team to safely self-isolate in their rooms during that time. Staff crossover between each house was avoided where possible and appropriate PPE was available for use during any period of infection being present in the designated centre. In addition, residents and staff from the unaffected houses in this designated centre sent "care packages" to those who were self-isolating. These were filled with items and treats to help the individuals during the isolation period. One resident remained in regular contact with staff in the house using video calls to inform them if they needed anything or to have a chat. Residents also had access to external garden areas during this period if they choose to use them when other peers were not in the house.

The inspector observed some areas of good practice relating to IPC which included staff knowledge, use of personal protective equipment (PPE) and evidence of cleaning being completed on regularly used surfaces. A specific cleaning checklist had been developed within the designated centre, which clearly outlined the duties to be completed by staff while on duty and the frequency required. While recent changes to the public health guidelines were being followed in the designated centre, the team leader outlined how staff were ensuring on a daily basis all of the residents were being supported to remain safe and monitored for illness. This included each resident's daily report reflecting their well being, with reference to any symptoms being documented and what actions staff had taken to support the resident and others living in the house with them. However, not all cleaning equipment in use was fit for purpose at the time of the inspection. In addition, gaps were evident in the review of some documentation relating to IPC. This will be further discussed in the capacity and capability section of this report.

Overall, this inspection found that residents were well supported for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols, guidelines and relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs. However, not all of the provider's protocols

were evidenced during the inspection to have been consistently adhered to or documented in this designated centre.

The person in charge worked full time and their remit included another three designated centres within the city. They were supported in their role by a social care leader in each of the three houses in this designated centre. The inspector met two of these social care leaders during the inspection. Both of whom were very familiar with the assessed needs of the residents and also completed duties delegated to them by the person in charge. During the inspection both social care leaders were observed to demonstrate their familiarity with the residents in the designated centre through professional and respectful interactions. They also were aware of their roles and responsibilities and outlined actions taken to ensure the ongoing safety of residents.

There was an actual and planned rota in place in the designated centre. Each house had it's own planned rota which was flexible and adjusted as required to meet the assessed needs of the residents living in each of the houses. For example, the inspector was informed the finish time of the morning shift in one house had been changed to ensure staff had adequate time to complete all their required duties. A protocol was also in place for staff to advise if any duties were not completed so that the staff coming on duty were aware and could follow up during their shift. Training records of staff indicated that all had attended up-to-date training in IPC. The social care leaders ensured regular supervision of the core staff had taken place and was scheduled for the remainder of 2022.

The provider had systems in place to monitor services provided within the designated centre which included regular internal provider led audits. The most recent audit had taken place over a number of dates in July 2022. The auditor had completed the audit separately for each house to reflect the individuality and different services provided to the residents living in each house. All actions identified were completed or being progressed.

The inspector also met with the person in charge during the inspection. They had been in the role since 2018 and were familiar with the assessed needs of the residents. They had completed the annual review of the designated centre in 2021. This was provided to the inspector in the days after the inspection as it was not on – site and available for review at the time of the inspection. The report outlined how effectively residents were supported by a dedicated staff team to return to meaningful activities in line with public health guidance. Positive feedback was also reported from residents and their family representatives. Actions had been addressed which included a review of the cleaning duties required to be completed by staff. However, following a review of other documentation provided to the inspector during the inspection gaps in oversight were evident. This included monthly IPC audits that were completed within the designated centre by the staff team. Some were not documented or signed as being reviewed by the person in charge in a timely manner. For example, the audit completed in July 2022 was not signed as being reviewed until September 2022. The audits completed in August and September 2022 were not signed by the person in charge in–line with the provider's

protocols.

In addition, the centre specific contingency plan for one of the houses was not reflective of the actual plan that would be implemented in the event the particular resident contracted COVID-19. This resident lived alone with staff support in the house for which the contingency plan had been developed. The inspector was informed the resident would be supported in their home if they did become unwell. However, the contingency plan for the house referred to an isolation unit being provided and the document was not signed or dated by the person in charge. Also, the Health Information and Quality Authority (HIQA) self-assessment in preparedness planning had not been subject to regular or a recent review. It was completed on 5th January 2022 and was not reviewed again until 29th July 2022. No further review had taken place at the time of this inspection.

The inspector observed signage regarding IPC throughout the designated centre, including easy-to-read information for residents. However, not all notices for staff contained up-to-date information or had been subject to regular review. For example; On entering one house a notice for staff while on shift was dated September 2020. This outlined actions to be taken by staff including temperature checks which were no longer required or being completed during each shift.

Quality and safety

The welfare and well being of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards.

As previously mentioned in this report variance in the three premises was evident during the inspection. All of the houses were well ventilated and decorated in a homely manner which reflected the personal choices of the residents. Evidence of maintenance and re-decorating were evident in all of the houses. This included furniture and décor to reflect personal interests of residents and creating relaxing spaces for residents to spend time in their bedrooms or alternative spaces if they choose to, kitchen counter tops had been replaced and some units repainted. The inspector was informed of plans to replace damaged floors within all three of the houses in the weeks after this inspection. Some flooring had been replaced just prior to the inspection which assisted staff to effectively clean these areas. However, the maintenance, particularly of one of the houses required further review. While the inspector acknowledges that the provider has made some progress in addressing issues relating to the premises, other issues remained unresolved at the time of this inspection. In one house water egress was evident under the front door, not all of the windows in the house were closing properly and the kitchen presses had

damaged surfaces with evidence of wear and tear. The inspector was not assured that these issues were impacting on the resident and the effectiveness of IPC measures that were in place to keep the resident safe from the risk of infection.

The inspector observed an external plastic covering taped to the outside of a bedroom window in the same house. The social care leader outlined the ongoing review to find an appropriate solution to reduce light pollution into the resident's bedroom. The resident found it difficult to sleep if there was any light in their room at night time. At the time of the inspection, a sheet of black plastic was attached with tape to the external side of the lower half of the bedroom window to reduce the amount of light pollution coming into the room while supporting the specific needs of the resident. This was discussed during the inspection as impacting on the resident's dignity within the local community.

Other issues identified during the walk around of the houses included not all cleaning equipment was fit for use. One mop head was observed in a bucket being stored in a press located under a stairs. The inspector noted there was a strong odour upon opening the press. The mop head displayed evidence of being used and had a large amount of rust on it. Another house had a cleaning bucket located at the rear of the property, exposed to the weather. This was not in line with the provider's guidance on the management of cleaning materials. Not all extractor fans had been subject to regular cleaning with grease build-up evident on one appliance. The inspector also noted a large container of hand sanitiser with no expiry date on the container. The social care leader explained the product was no longer in use as single use hand sanitiser pouches were the product of choice in the designated centre. However, not all hand gel dispensers had a supply of product contained within them when checked by the inspector.

In addition, a microwave had been removed from a kitchen in line with the expressed wishes of one resident. This did not adversely impact on any other peer. However, the inspector noted the microwave was plugged in while located directly on the floor of the staff office/bedroom in the house. The inspector was informed by staff that the microwave was in use. This was discussed with the staff, person in charge and social care leader during the inspection. The floor space under the microwave could not be effectively cleaned and the positioning of the appliance directly on the floor could not ensure consistent safe food handling or regular effective cleaning of the appliance.

In one of the bathrooms, a toilet seat was observed to be not fitting the fixture correctly. The en-suite areas in both of the apartments required further review to ensure effective cleaning was being completed regularly. While the inspector acknowledges the residents living in these areas were independent and completed many cleaning duties, not all of the fixtures and fittings were easy to clean. Marks were evident in areas such as shower cubicles and on paint work. In addition, one wall had no paint finish, it was bare plaster board which was scheduled to be re-painted.

There were excessive amounts of supplies including PPE being stored on the floor surface under the stairs in one of the houses. Staff outlined that at the time of the

inspection there was no regular order of supplies of PPE. Stocks were brought to the designated centre from a central office location when staff were in that location. Gaps were evident in the oversight to ensure adequate supplies of PPE were available within the designated centre. As already mentioned not all hand sanitiser dispensers had adequate supplies of hand gel at the time of the inspection. In addition, the inspector was informed no review of expiry dates on products was in place within the designated centre.

The inspector was informed that one of the staff team had completed additional training in IPC in the area of hand hygiene assessment. It was planned that they would complete hand hygiene training and observations of the staff team in the months after this inspection. In addition, residents were supported with easy –to – read information regarding IPC including hand washing and staying safe. Residents were also supported to learn skills and support them in their daily experiences out in the community in relation to IPC. While the inspector was informed that an outbreak report had not been documented, staff meeting notes did reflect learning for staff in the designated centre after the outbreak in November 2021. This included what had worked well to support the residents The provider had conducted an overall review of a number of designated centres at that time which included this designated centre. The provider had shared the learning from the outbreak which was linked to shared transport to the day services. These document were provided to the inspector after the inspection by the person in charge to review.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with the provider's protocols and relevant national standards. These included;

- The location of a microwave on the floor of a staff bedroom that remained in use, required review.
- Not all cleaning equipment within the designated centre was fit for purpose. For example, one mop head had excessive rust evident and strong odour at the time of the inspection.
- The storage of cleaning equipment was not in –line with the provider's guidelines. This included the storage of cleaning buckets outside the rear of the designated centre.
- Damaged surfaces impacted the effective cleaning being completed in some areas within the designated centre. This included kitchen presses in one of the houses.
- An ill-fitting front door and windows in one house adversely impacted one resident. Water egress was evident on the flooring inside the door and there were in-effective seals on the windows which posed a greater risk to the resident of possible infection/illness.
- Excessive stocks of supplies including PPE were stored on the floor in one

house which impacted the effective cleaning of the area.

- One toilet seat was not fitting correctly at the time of the inspection.
- Shower areas in both apartments required further review to ensure effective cleaning was completed regularly.
- Not all cooker extractor fans were subject to regular cleaning.
- Not all hand sanitiser dispensers contained product at the time of the inspection.
- One large container of hand sanitiser had no date of expiry and the product was no longer in use in the designated centre.
- Monthly IPC audits were not reviewed by the person in charge as required by the provider's protocols.
- The contingency plan for the designated centre was not specific to or reflective of all houses in the designated centre.
- Regular review of the HIQA self-assessment in preparedness planning had not consistently been undertaken.
- Not all information for staff on display was up-to-date and reflective of regular review. This included information regarding IPC protocols for staff while on duty which was dated September 2020.

Judgment: Not 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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for No.1 Brooklime OSV-0005140

Inspection ID: MON-0038244

Date of inspection: 14/11/2022

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider will ensure that its procedures for ensuring residents who may be at risk of a healthcare associated infection are regularly reviewed in the Centre including ensuring that:-</p> <ul style="list-style-type: none"> • All IPC audits are reviewed by the Person in Charge and to be reviewed going forward in line with Provider’s protocols. • The Contingency plan in one house was reviewed and updated. • HIQA self- assessment tool will be reviewed and added to calendar to ensure consistent review going forward. • Out dated guidance Sept 2020 on wall removed. <p>The maintenance schedule for the Centre will be reviewed and updated to include:-</p> <ul style="list-style-type: none"> - The microwave use is reviewed and microwave placement in the office is raised off the floor. - Damaged surfaces highlighted to maintenance and identified kitchen presses in one location added to list for replacement for quarter 1 2023 - Window repair person was present on day of inspection and repaired window fitting to ensure effective seal. Seals on front door highlighted for maintenance and door to be repaired. - The temporary solution to address light pollution for one resident has been addressed and black-out blinds are in place. - Toilet seat replaced with better fitting seat. <p>All infection control products and equipment will be maintained in accordance with Provider guidance including</p> <ul style="list-style-type: none"> - cleaning mops and buckets are suitably stored and replaced if no longer fit for purpose - Excessive stocks removed and relocated to secure location. - Cleaning of shower areas will be reviewed to bring to ensure effectiveness. Surfaces 	

will be reviewed to ensure they can be easily cleaned

- Extractor fans to be added to cleaning schedule as regular item for cleaning.
- All sanitiser dispensers will be filled and checked for product on a regular basis.
- The large container of hand sanitiser no longer in use removed from centre.
- All sanitising product will be checked to ensure they have an expiry date.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	27/01/2023