



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

Issued by the Chief Inspector

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:	15 July 2022
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0028438

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. Residents are supported by a social care model with staff rostered by day with one 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

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
Friday 15 July 2022	09:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

No. 3 Brooklime is a residential service which provides supports to five individuals. This inspection was completed to monitor compliance with the Health Act 2007 and to assist in the recommendation to renew the registration of the centre for a further three year period. This was an announced inspection.

On arrival to the centre the inspector was greeted by a staff member and the person in charge. A number of infection control measures were completed. This included the practice of hand hygiene and the completion of a COVID-19 checklist. Following completion of these actions the inspector was welcomed to the centre and introduced to residents present. Residents were busy getting ready for their day. One resident was absent from the centre on a family visit. The person in charge spoke of how content residents were now that visits and home outings had recommenced.

Residents in the centre were observed to have a meaningful day. One resident was supported to have their meals in accordance with their assessed needs. They enjoyed time on their own and liked to listen to music. Staff were observed supporting the resident in a very respectful manner and sang along to the resident's favourite songs. This resident was supported with activation from the centre with a staff supporting community activities. The resident was very content and enjoyed listening to music on their headphones or watching their tablet when in the centre. The staff were responsive to the resident's nonverbal means of communication such as vocalisations and gestures.

Staff were observed to respond to all residents in a positive manner. Interactions were observed to be both professional and jovial in nature. Staff were very aware of the support needs of residents and spoke very respectfully when discussing residents' needs. Residents were observed coming and going from the centre throughout the day, participating in a range of activities including local community walks, swimming, day services and visits to coffee shops for coffee.

The centre presented as a warm and clean home. Decorations throughout were tasteful and reflected the interests and personalities of residents currently residing in the centre. Following recent building works to the centre to ensure all electrical works was of a safe standard, the provider was completing a review of the premises to determine if additional space would be of benefit to residents. This was in the early stage of review. Currently the centre was overall in a good state of repair. Some minor works were required in such areas as the kitchen. This has been self-identified by the provider.

As stated previously, this inspection was completed during the COVID-19 pandemic. Staff were observed throughout the inspection to adhere to a number of infection control measures. These included the correct use of facemasks and hand hygiene. Ample supply of personal protective equipment was available. Some minor

improvements were required in the area of Infection Prevention & Control (IPC) to ensure that best practice was adhered to and guidance for staff was clear.

The following two sections of this report will discuss the findings evidenced as part of the inspection.

Capacity and capability

The registered provider had appointed a clear governance structure to the centre. A suitably qualified and experienced person in charge reported to the appointed sector manager. The person in charge was supported in their role by an appointed social care leader. At the time of the inspection this role was being recruited for as the previous social care leader had recently left their post. The roles and responsibilities of each member of the governance team were clearly laid out, with delegated duties in place. Regular communication between members of the governance team was completed to review service provision within the centre.

The registered provider had ensured the implementation of the regulatory required monitoring systems. The annual review of service provision had been completed by the person in charge in March 2022. A six monthly unannounced visit to the centre had also been completed in March 2022. Both monitoring systems were found to be comprehensive in nature and incorporated the views of residents and their representatives. A number of additional monitoring systems were used within the centre to monitor service provision. These included a provider self-assessment tool, fire safety checks, infection control audit and an environmental audit. Some minor improvement was required to ensure that all areas of non compliance were identified and addressed as such. For example, in the area of complaints and infection control.

The person in charge had a clear understanding of their regulatory responsibilities within the centre, including for example, the directory of residents, statement of purpose and the notification of incidents. While the person in charge had a large remit, effective measures were in place to maintain oversight while additional governance supports were being actioned.

The registered provider had ensured the allocation of an appropriate staff team to the centre. Monthly staff meetings occurred to allow for an open discussion of any issues or concerns within the centre. Such topics discussed included review of incidents and accidents, house duties and the individual needs of residents. The person in charge had the delegated duty to complete formal supervisions of the staff team in the absence of a social care leader in accordance with the organisational policy. These were not consistently completed within the required time-line and required review.

The registered provider had developed a policy to address the area of complaints within the centre. A complaints officer had been appointed and their contact details were visible within the centre. A complaint log was in place which reported no complaints had recently been submitted. However, following discussion with the governance team and review of HIQA questionnaires', it was apparent that an ongoing complaint was not being addressed in accordance with the organisational complaints policy. While it was stated that this was actively being addressed to the satisfaction of the complainant, no record of this was maintained within the centre for review.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre for a further three year cycle. This application included such information as the statement of purpose, floor plans of the centre and the required application fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. They hold governance responsibility within five centres and are employed in a full time capacity.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the appointment of a suitably qualified staff team to support the assessed needs of the residents. An actual and planned staff roster was developed and maintained by the the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured staff members within the centre were

appropriately supervised in accordance with organisational policy.

The person in charge had ensured the staff team were supported to attend training which was deemed mandatory to meet the assessed needs of residents currently residing in the centre. Where additional training was required this had been identified and booked.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured the development and review of the directory of residents including the information required under schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure had been appointed to the centre. The registered provider had ensured the implementation of the annual review of service provision and a six monthly unannounced visit to the centre. Where actions had been identified these were addressed in a timely manner. However, the need for increased governance oversight was required to ensure all incidents were identified and addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had not ensured the development and review of the statement of purpose incorporating all information required under Schedule 1

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifiable incidents had been reported in accordance with Regulation 31

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was known to residents and the satisfaction of complainants was recorded. This included an organisational policy and staff awareness.

Following one complaint relating to the centre no record was maintained on site of this and while the complaint was being addressed by the provider, the inspector was unable to review this as a complaint log was not being maintained.

Judgment: Substantially compliant

Quality and safety

Overall, during the inspection it was evidenced that residents were supported to engage in meaningful activation in a safe environment. Staff supported residents to maintain relationships with family members throughout the current pandemic. Residents were consulted where possible about the day-to-day operations of the centre.

As stated previously, this inspection was completed during the COVID-19 pandemic. Overall, the registered provider had ensured the centre was operated in a manner which protected the residents from infection. This included staff training and clear guidance in such areas as COVID-19. Minor improvements were required to ensure the contingency plan in place provided clear guidance of the isolation supports needs of each resident. Staff were aware of these support need and ensured they were completed in accordance with the assessed needs of residents. Monitoring of COVID-19 symptoms was passive rather than active as required under current national guidance.

Each resident had been supported to develop an individualised plan. These were

comprehensive in nature and reflected a holistic approach to care. Social and emotional needs were also incorporated in each plan. Each resident had an annual review of their needs to ensure the service provided reflected these needs. All plans were regularly reviewed to ensure any change in circumstance was reflected. Each resident was supported to set personal goals which they wished to achieve in the coming year.

Each resident was supported to achieve the best possible physical and mental health. All appointments were attended with support of staff and recommendations completed. Each residents' personal plan incorporated an annual health review and relevant health care management plans. Clarity was required in some plans reviewed to ensure guidance was relevant and reflected the health care concern diagnosed. For example, one plan was observed to address two differing health care concerns, another plan was evidenced to be vague and not to provide clear guidance to promote continuity of care.

Each resident was supported in the area of behaviours of concern. Staff were observed supporting residents in this area in a respectful manner. Staff spoken with could clearly articulate the support needs of residents and measures implemented to reduce the occurrence of behaviours and the impact of these on others. There had been a decline in incidents due to adherence to guidance. This had also resulted in the reduction in the use of restrictive practice in the centre.

The registered provider had ensured measures were in place to promote the safety of residents. No safeguarding concerns were present within the centre. When some concern had been present an active safeguarding plan had been developed to ensure all required actions had been addressed. Through staff training and organisational policy all staff were aware of procedures to follow should a safeguarding concern arise and spoke of their awareness of these measures. While each resident had guidance relating to intimate and personal care needs, some improvements were required to ensure all areas of intimate care supports were addressed. This was required to ensure a consistent approach by all staff members when providing specific intimate care supports.

A risk register had been developed to identify and monitor risks within the centre. All risks were regularly reviewed with effective control measures in place. Where a risk was no longer in place the associated risk assessment was closed and retained for information. The registered provider had developed a risk management policy in line with regulations as set out in Regulation 26.

Regulation 13: General welfare and development

Residents were supported in the centre to participate in a range of meaningful activities. Residents were consulted in their activities and a choice was given on a daily basis. Self-help skills were incorporated into daily living to promote

independence.

Judgment: Compliant

Regulation 17: Premises

The centre presented as a large detached bungalow located on the outskirts of a large town. Recent renovations had been completed to ensure safe electrical systems were in place. Ample communal areas were available with each resident having a private bedroom area. The centre was clean and homely with tasteful decoration throughout. Some interior work was required to ensure the centre was maintained to a high standard. This included the kitchen area and damaged worktops. The provider was reviewing the possibility of extending the premises to allow for increased space for residents. A large external area afforded residents additional recreational space.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured the development of a guide in respect of the designated centre. This was made available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place. At centre level effective measures were in place for the identification, monitoring and review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured the centre was operated in a manner which protected the residents from infection. This included staff training and clear

guidance in such areas as COVID 19. Improvements was required to ensure the contingency plan in place provided clear guidance of the isolation supports needs of each resident. Monitoring of COVID 19 symptoms was passive rather than active as required under current national guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had fire safety measures in place within the centre. These included the presence of fire extinguishers and emergency lighting. Each resident had been supported to develop a personal emergency evacuation plan which provided clear guidance in evacuation procedures to be adhered to.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre operated in accordance with the residents assessed needs. Each resident was supported to develop and review an individual personal plan.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured residents were supported to achieve the best possible health. Clarity was required within health action plans to ensure a consistent approach to health support needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Each resident was supported in the area of behaviour of concern. Staff were observed supporting residents in this area in a respectful manner.

Restrictive practices in place within the centre were implemented to promote the health and safety of residents. These were completed for the shortest duration

required in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

No active safeguarding concerns were present within the centre. Through staff training and organisational policy, all staff were aware of procedures to follow should a safeguarding concern arise.

While each resident had guidance relating to intimate and personal care needs, some improvements were required to ensure all areas of intimate care supports were addressed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre was operated in a manner that promoted the rights of each resident.

Judgment: Compliant

Regulation 12: Personal possessions

Some improvement was required to ensure residents were supported by the provider to have control over their finances. This included a bank account in their own name.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0028438

Date of inspection: 15/07/2022

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 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 person in charge has ensured that a plan is in place within the centre where all staff are appropriately supervised in accordance with the organizational policy. Further to this the Person in Charge ensures that all staff attend fortnightly Team Meetings in the Centre which provide support and supervision to all staff. 30/11/22</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has successfully recruited an additional a SCL/Person in Charge in the Provider Governance and Management Structure. The newly recruited staff commenced their role as SCL on the 3/8/2022 and as person in charge on the 19/9/2022. This will reduce the number of Centres currently assigned to the Area Manager/PIC and will also facilitate the new Person in Charge to work alongside the team to provide greater operational governance to ensure that all incidents are identified and addressed in a timely manner. 19/9/2022</p> <p>There is a PIC & PPIM auditing system in place following a schedule of audits throughout the year reviewed by the PIC and Sector Manager, as well as the 6 monthly provider audits which facilitate regular review of the quality and safety issues in the Centre</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Provider will ensure that all complaints made at a local level will follow the complaints pathway as stated in Provider Complaints Process.</p> <p>All complaints, where possible, will be resolved locally in the residential Centre in the first instance and escalated via the formal complaints process as necessary.</p> <p>All actions pertaining to a complaint made will be documented on the complaint form including a note on the satisfaction or otherwise of the complainant with the outcome of the process.</p> <p>The complaint that was made on a returned HIQA family questionnaire is now recorded in the Centre's Complaints Log, has been addressed by the Person in Charge and is now resolved satisfactorily with the persons who raised the complaint. 19/9/2022</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has ensured a maintenance plan is in place to include the renovation of the centre's kitchen and work tops. This will be completed by 23/12/2022</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider has ensured a review has taken place of the centres Infection Prevention Control contingency plan. This plan now includes clearly identified isolation check lists, personal to each resident. 19/9/2022</p> <p>The registered provider has ensured that monitoring for Covid 19 symptoms is actively being recorded daily for each resident in their daily report books. 20/7/2022</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Provider has ensured that the Person in Charge has reviewed all Persons Supported Health Care Management Plans to give clarity to ensure a consistent approach to the health needs of each resident. 31/8/2021. The Services visiting Nurse Oversight Role will further review the residents Health Care Management Plans by the 30/11/2022.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider has ensured that the person in charge in conjunction with the relevant keyworkers have undergone a review of all resident's intimate and personal care plans to reflect all areas of intimate care supports and needs. 31/8/22</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The registered provider and the Person in Charge will ensure that residents whose families currently support them to manage their funds, are supported to have greater control over their finances. The Person in Charge is actively working with all families to ensure that all residents have to access personal funds in a personal bank account. This will be done through the Personal Plan (POMS) for 2022-2023. (31/05/2023)</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 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Substantially Compliant	Yellow	31/05/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	23/12/2022
Regulation	The registered	Substantially	Yellow	19/09/2022

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Compliant		
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.	Substantially Compliant	Yellow	19/09/2022
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	19/09/2022
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	30/11/2022
Regulation 08(6)	The person in	Substantially	Yellow	31/08/2022

	charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Compliant		
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