



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

Issued by the Chief Inspector

Name of designated centre:	Brookside House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	28 August 2023
Centre ID:	OSV-0005714
Fieldwork ID:	MON-0032049

About the designated centre

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

Brookside House provides residential care and support for up to four adults with disabilities. The house is located in Co. Meath and is in close proximity to a small village and driving distance to a number of large towns. The house comprises of four individual bedrooms (one of which is en-suite), a large communal bathroom, a fully equipped kitchen/dining room, a sun room, a staff office/sleepover room and a large fully furnished sitting room. There is a large private garden area available to residents with ample private parking provided. The house is staffed by a full-time person in charge who is supported in their role by a house manager, a team leader and a team of direct support workers. Access to a range of allied healthcare professionals including GP services is also provided for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 28 August 2023	10:00hrs to 16:55hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Residents were in receipt of a good quality of service and reported to the inspector that they were very happy and content living in their home.

The centre comprised of a four bedroom detached bungalow in a residential area in Co. Meath and provided care and support to four residents. On arrival to the house the inspector observed that the gardens were spacious, well maintained and the house was welcoming and homely. One resident met with the inspector and invited them to view their person centred plans. The inspector went through the residents plans with them and saw that they were being supported to pursue hobbies and activities that they were interested in. For example, the resident had a keen interest in Irish culture, history and politics and information/paper clippings on these topics were available to the resident. Additionally, the resident also had a keen interest in Irish lighthouses and showed the inspector a book they had bought on the topic of lighthouses which they enjoyed reading. The resident told the inspector that they liked to research specific topics of interest and with staff support, identified one topic on a weekly basis and would research it further by watching an educational video on the topic of interest, or looking for more information about it on line.

The resident was also being supported to keep in contact with their family and told the inspector that they visited with family members regularly and also kept in contact with them via phone and writing letters and cards. The inspector also observed from the residents personal plans that they liked to go out for a coffee, have lunch out, go for drives and walks on a nearby beach. They also invited the inspector to see their bedroom which was observed to be decorated to their individual style and preference. For example, they had photographs of family members on display and posters of their favourite pop/rock bands and football teams on their walls.

The resident also liked to have a coffee in their room from time and time and the inspector observed that they had a small coffee maker and fridge for milk so as they could make their own coffee in the peace and quiet of their own room. The resident said that they loved their home and got on well with the staff team. They also said that they would talk to staff if they had any issues or problems in the house (but at the time of this inspection, they had no issues).

The inspector spoke briefly to another resident who was relaxing in their bedroom. This resident said to the inspector they were happy in their home and had everything they needed. They also said that they were happy with their room, which was furnished to meet their assessed needs. The resident spent a lot of time in their room however, the inspector observed that staff checked in with them regularly so as to ensure they had everything they needed.

Later on in the afternoon another resident spoke with the inspector. They appeared in good form and said that they were very happy living in the house and got on very

well with the staff team. The resident explained that they had a job two evenings each week working in a local hotel and, loved their job. They also said that just like anyone else, they had responsibilities to pay their bills, go to work and to keep their home clean and tidy. The resident went to work later in the day however, the inspector met with them again on their return and they said that they had a great day and enjoyed their job. They invited the inspector to see their room and it was also observed to be decorated to their individual style and preferences. For example, they had personalised pictures on display and pictures of celebrities that they liked. The resident also informed the inspector that they loved their room and had no issues in their home.

The inspector also spent some time speaking with the fourth resident living in this service. They appeared in very good form and said they also loved living in the house. They attended a day service (hub) and said they loved going there to meet with their friends. The resident loved music and the inspector observed that they had their own music system and TV in their room. Their room was observed to be large, decorated to suit their individual style and preferences and, they said that it was the biggest room in the house and they loved it. The resident had a good sense of humour, enjoyed talking about football and rugby (they had rugby scurf's and flags on display in their room) and appeared very happy and settled in their home.

The person in charge informed the inspector that the entire staff team (management and staff) had undergone training in human rights and, some had undertaken training in capacity and consent. One team leader spoken with said that this training was important as they shared their learning and information with the residents on the importance of rights, individual choice, advocacy and consent. This was achieved via residents meetings and 1:1 key working sessions with the residents. Another team leader also said that it was important to ensure the residents choices were promoted and rights respected as the centre was their home and treating people with dignity and respect was important.

Over the course of the inspection the inspector observed that staff were at all times respectful of the individual choices of the residents. For example, the house pet had passed away some time ago and at a recent residents meeting, they decided that they would like another pet. Staff were respectful and supportive of this decision and, the residents decided to get a pet cat. The inspector observed that the residents loved their pet and, it was very well cared for.

Additionally, two residents chose not to go to any type of day service and this decision was also respected by the staff team. However, staff ensured that a number of in house activities, outings and educational activities were available to the residents based on their expressed interests and preferences.

Residents also chose their daily routines (when to get up and go to bed) and choose their own menus/meals. Some residents liked to plan their week ahead while others preferred to make plans each day and again, staff were supportive and respectful of these individual choices and decisions made by the residents. Additionally, written feedback observed by the inspector from family members on the service informed that they felt the residents had great freedom in exercising choice and control over

their lives and that residents were respected and listened to by the management and staff team. One family member reported that staff had adapted very well to the changing needs of their relative, they always do their best and that the residents' needs always came first. Another family member said the house was 'family orientated', that their relative's needs were being provided for and they were very settled and happy living there. Some family members also reported that they could not be happier with the service provided, staff provide quality care to the residents and supported them with their healthcare-related needs.

Written feedback from all residents on the quality and safety of care provided in the service was equally as positive and complimentary. For example, all residents reported that they were happy in their home, happy with the staff team (with some saying staff were easy to talk to, were very friendly and nice), happy with the level of support they received and, living in the service was like living with a family. One resident also wrote that they loved living in the house. Residents also reported that they felt safe in their home and that they had no complaints about any aspect of the service provided.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, dignified, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from both family members and residents on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted positively on the quality and safety of care and support provided to the residents.

Capacity and capability

Residents appeared happy, settled and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of services and two team leaders.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years' experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons

(Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Both team leaders were also spoken with by the inspector over the course of the inspection and they too demonstrated a very good knowledge of the assessed needs of the residents. They were also observed to be open and responsive to the inspection process.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and team leaders on the day of this inspection. The provider also had contingency plans in place to manage planned and unplanned leave.

Staff spoken with had a good knowledge of residents' care plans and systems were in place so as to ensure they were receiving formal supervision and support from a member of the management team. From a small sample of documentation viewed, staff also had vetting and references on file as required by the regulations.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights and some had also undertaken training in capacity and consent. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in August 2023. On completion of these audits, an action plan was developed to address any issues identified in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social professional (with an additional management qualification) and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They were also found to be prepared for and responsive to the inspection process.

The person in charge had also completed all mandatory training as required by the Regulations with additional training in:

- Human Rights
- Capacity Legislation
- One-to-One Supervision
- Conflict Resolution
- Effective Complaints Handling
- Time Management

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from July and August 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and team leaders on the day of this inspection.

There were always two staff present each day and at night there were one live waking night staff and one sleepover staff.

The provider had contingency plans in place to manage planned and unplanned leave.

Staff were also receiving formal supervision and from a small sample of files view, had vetting and references on file.

It was observed that one staff file required some updating (there was a gap in employment history and a qualification was not on file) however, when this was brought to the attention of the person in charge, they addressed the issue prior to the end of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- trust in care
- communication skills
- fire safety
- food safety
- manual handling
- basic first aid
- safe administration of medicines
- health and safety
- Children First
- positive behavioural support
- infection prevention and control

Additionally, staff had undertaken training in human rights and capacity legislation. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

Judgment: Compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of service and two team leaders.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in August 2023.

On completion of these audits an action plan was developed to address any issue identified.

For example, some care plans (to include goal setting) required review and updating, the minutes of governance meetings were required to be kept on file in the centre, a fire blanket required replacing and all staff were to complete human rights training. These issues had been actioned and addressed at the time of this inspection.

It was observed that one aspect of the paperwork required review on the last six-monthly audit and annual review so as to ensure the correct name of the designated centre was recorded accurately. When this issue was brought to the attention of the person in charge and assistant director of services, it was addressed prior to the end of the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual choices (with staff support as required) and, systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual support plans and from a sample of files viewed, they were being supported to achieve goals of their choosing, frequent community-based activities and keep in contact with their families. Some residents were more active in the community than others and this was represented in the activities they wished to pursue and participate in.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. Staff spoken with was able to guide the inspector through one care plan in place for one of the residents.

Residents also had access to a dietitian and for those that wished to, were supported by staff to buy, prepare and cook their meals in their own home. Food was being stored in hygienic conditions and access to refreshments and snacks was provided for.

Residents were supported to experience positive mental health and where required, had access to a behavioural support professional. Positive behavioural support guidelines were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues. Again, staff spoken with were aware of how to support residents in a person-centred manner and in line with their positive behavioural support guidelines.

Residents were also being supported to communicate in accordance with their needs and wishes (as outlined in their personal plans) and had access to telephones and other media such as television and radio.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk

assessments on file so as to support their overall safety and well being. It was observed however, that one aspect of the risk management process required review and updating.

Infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Adequate fire fighting systems were also in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

The premises were laid out to meet the needs of the residents and were found to be homely and well maintained on the day of this inspection.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

Regulation 10: Communication

Residents were being supported to communicate in accordance with their assessed needs and wishes (as outlined in their personal plans) and had access to telephones and other media such as television and radio.

As per residents individual preferences they had access to TVs, stereo systems and radios in the privacy of their own rooms however, there was also two communal rooms with a TV and radio that the residents could avail of if they so wished (the sun room and sitting room).

One resident was also supported to use the Internet so as to research topics of interest to them such as Irish culture, art and history.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (one en-suite) which were decorated to their individual style and preference.

Additionally there was a large sitting room with a TV, a fully furnished kitchen cum

dining room, a sun room (with a TV) and large communal bathroom.

There were well maintained gardens to the front and rear of the property and adequate private parking space available.

Residents reported that they were very happy with their accommodation and in particular, very happy with their bedrooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to dietitian support as required and for those that wished to, were supported by staff to buy, prepare and cook their meals in their own home.

Food was being stored in hygienic conditions and access to refreshments and snacks was provided for.

As food items were opened, they were being labelled and dated by staff.

On the day of this inspection residents chose to have soup and sandwiches for lunch and stew for dinner.

As part of their personal plans some residents had identified goals that they would like to eat more healthily and this was being supported by staff. Residents were also encouraged to take exercise such as going for walks and swimming.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, some residents wished to keep their medication and finances in their own rooms. In order to mitigate any risk associated with this practice, residents kept their medication in a locked press and finances in a safe in their rooms. Additionally, a self-medication assessment was also completed where required so as staff could ascertain the level of support residents required with their medication and to ensure

any identified risk was being managed.

Additionally, one resident recently had a fall (they were not injured) and an appointment has been made for them for a review with the physiotherapy and their falls risk assessment had been updated.

It was observed that some risk pertaining to one residents care plans required review (the resident was at risk of hypertension and it was unclear from the paperwork supplied to the inspector if the residents vitals were to be checked daily or weekly). Additionally, a risk assessment with regard to the use of a specific restrictive practice required review.

When this was brought to the attention of the person in charge the issue associated with the residents care plan/recording of vitals was addressed immediately.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control and Anti-Microbial Stewardship
- Cleaning and Disinfecting Healthcare Equipment
- Management of Spills
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment
- Standard and Transmission-Based precautions

One of the team leaders also informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place which were being adhered to.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers, fire blanket and emergency lighting. Equipment was being serviced as required by the regulations. The fire alarm system to include emergency lighting had been serviced in January, April and July 2023. Additionally, the fire extinguishers had been serviced in January 2023.

Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

From a sample of paperwork viewed by the inspector it was observed that fire drills conducted in June and August 2023 identified that there were no issues with evacuating the building which took under one minute and 20 seconds for each drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Some residents were more active than others and this was represented in the activities they wished to pursue and participate in.

For example, as discussed earlier in this report, some residents chose not to attend a day service however, staff ensures that a number of recreational, social and educational activities were made available to them.

Some residents attended a day service (hub) while another worked two days a week in a local hotel.

Residents also liked activities such as

- walks on the beach
- coffee out
- swimming
- lunch out
- meeting friends
- cinema
- bowling
- horse races

- football

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- dietitian
- dentist
- chiropody
- occupational therapy
- optician

Residents were also supported to have an annual medical check up with their GP

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and staff spoken with were familiar with these plans. Hospital appointments were facilitated as required and each resident had a hospital passport on file.

It was observed that a care plan pertaining to recording a residents vitals required review however, this issue was addressed on the day of this inspection and, was discussed under regulation 26: risk management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist.

Positive behavioural support guidelines where required, were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Staff spoken with were aware of how to support residents in a person-centred

manner and in line with their positive behavioural support plans.

It was observed that a risk assessment pertaining to the use of a restrictive practice required review however, this was discussed and actioned under regulation 26: risk management.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- residents reported they felt safe in the centre and would speak to staff if they had any issues
- safeguarding, advocacy, complaints and rights were discussed with residents at their weekly meetings
- there were no complaints on file about any aspect of the service
- feedback from all family representatives on the service provided was positive and complimentary
- staff spoken with said they would have no issue reporting a safeguarding concern
- easy to read information on rights was available to the residents

It was also observed that there was one safeguarding issue reported in the centre in March 2023 however, this had been reported to the safeguarding team and HIQA as required and, a formal safeguarding plan was agreed and put in place. However, at the time of this inspection the issue had been closed out to the safeguarding team.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and

were involved in their personal plans and goals.

Residents were also involved in the running of their home and feedback from family members informed that the service was respectful of the individual choices and preferences of the residents.

Additionally, staff had undertaken training in human rights and capacity legislation. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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
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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookside House OSV-0005714

Inspection ID: MON-0032049

Date of inspection: 28/08/2023

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in charge will ensure that all restrictive practice risk assessments are reviewed regularly and in a timely manner in accordance with Organizational risk management procedures and policy.</p> <p>The Person in charge has liaised with the Community nurse to ensure that all specific care plans are regularly reviewed and reflect the residents current health care needs.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/09/2023