Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No.2 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	24 January 2023
Centre ID:	OSV-0005129
Fieldwork ID:	MON-0029788

About the designated centre

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

A full-time residential service is provided in this designated centre for a maximum of nine male adults. The designated centre comprises of two houses, less than one kilometre apart, on the outskirts of a town outside Cork city.
One house is a detached bungalow where up to five residents can live. The other house is a detached, dormer-style house which can provide residential supports for up to four adults. Although they are in the same designated centre, the two houses are run separately with each assigned a social care leader and staff team. The person in charge has governance, operational management and administration responsibilities for both houses. The centre is staffed at all times with staffing levels varying based on the number of residents present and their support needs.
Residents in the centre have been diagnosed as functioning in the range associated with moderate to severe levels of intellectual disability, and may including those who are autistic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 24 January 2023	09:05hrs to 19:35hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The designated centre comprises two houses located within a kilometre of each other. The centre was registered to provide a full-time residential service to nine adults, five in one house and four in the other. The person in charge managed the centre, with a team leader and staff teams allocated to each house. It was explained to the inspector that, with the exception of some relief staff very occasionally working in both houses, the staff teams were separate.

The inspector had arranged to start the inspection in the house that could accommodate up to five residents. On the day of this inspection there were three residents in this house. One resident was spending a few days with relatives in a neighbouring county and another resident had temporarily moved to another designated centre. This was an announced inspection. On arrival the inspector was greeted by a member of staff and one of the residents. They then met with the team leader. The person in charge arrived shortly afterwards. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection.

The house was a bungalow located on the outskirts of a town in County Cork. There were five resident bedrooms. Three of these had en-suite bathroom facilities. There was one communal bathroom, a kitchen, a utility room, and a living room. Another room was both a staff office and bedroom. The house was clean and decorated in a homely manner. Since the last inspection of the centre, completed on behalf of the Chief Inspector of Social Services in September 2021, the kitchen and utility area had been renovated and the whole house had been painted. The storage issues, identified at that time, had also been addressed. Each resident had their own bedroom. These were decorated in consultation with residents. Residents' preferred items, photographs, and art were on display. Each resident had a television in their bedroom and other items of interest such as music systems, instruments, newspapers, and magazines. Where required, mobility aids had been fitted. One bedroom was unfurnished as the resident who had recently moved had chosen to take all of their belongings and furniture with them.

The renovation to the kitchen and utility room had made a noticeable difference to the premises. These areas were noted to be bright, well-organised, and clean. The living room had been repainted in recent weeks. This too was decorated with photographs and had a large television in place. There were a number of individual chairs in this room, some of which had been ordered specifically for residents based on their assessed needs. The upholstery on two chairs was damaged. The team leader advised the inspector that after trialling various options, two replacement chairs had been ordered.

The inspector had the opportunity to spend time with two of the residents in this house. One resident was by the door when they arrived and greeted the inspector.

This resident was waiting to be collected to attend their day service. They appeared at ease in the centre and smiled when interacting with staff and the inspector. Another resident was looking at a book and listening to music while sitting in their bedroom. They were aware that the inspector would be in the centre that day and had expressed a wish to meet with them. They spoke with the inspector about what they planned to do that day and showed them something they had bought the day before when in the shop. They spoke a little about their family whose photographs were framed in their room. They referenced the resident who had recently moved out and also mentioned a physiotherapist who had visited recently. This resident was also due to attend their day service that day. The inspector had a second chance to spend time with this resident later that afternoon. They had returned from spending time with the Lámh (a sign system used by children and adults with intellectual disability and communication needs in Ireland) choir and were in the sitting room participating in an online music session using an electronic device and teleconferencing software. The resident appeared to be enjoying this activity. The staff member told the inspector that this resident especially enjoyed singing along to their favourite songs. The resident appeared very comfortable and the staff support provided ensured that they were as independent in this activity as possible. The third resident was enjoying a lie in when the inspector arrived and left for day services while the inspector was speaking with management, so there was no opportunity to meet on this occasion.

Later the inspector visited the other house in the centre where four residents lived. This was a detached, dormer-style house less than a kilometre away. One resident had moved into this house the previous summer and was reported to be settling in well. When the inspector arrived all four residents were out. Two were swimming with staff, and the other two were at their day services. The inspector was welcomed by the team leader who later introduced them to the four residents as they returned home.

As in the other house, each resident had their own bedroom decorated in line with their tastes and preferences. Family photos were on display and one resident had a poster that had been hand-made for them by their young relatives. Two residents had recently got new wardrobes, with one resident happy to show this to the inspector. All bedrooms in this house were on the ground floor and one had an en-suite bathroom. Residents could access two communal bathrooms. One of these had recently been renovated to ensure that the shower facilities were accessible to all of the residents. At the time of the last inspection, some premises works had been recently completed and some planned decorations were not yet in place. This was now addressed and photographs on display included those with the resident who had recently moved in. The house was observed to be clean, decorated to a high standard, and personalised to the residents. When residents returned to the centre they were offered their drinks of choice and settled into their own favourite parts of the house. There were two living rooms available, both fitted with comfortable furniture and televisions. Residents also had access to a kitchen and a separate dining room. Upstairs in the centre there was a utility and store room, and a staff bedroom with an en-suite bathroom.

The inspector had the opportunity to spend some time with all four residents who

lived in this house. They each appeared very at ease in their home and with the support provided by staff. One resident accompanied the inspector and team leader while they walked around the house. Two residents went out for a walk with the support of staff later in the evening. All four had been prepared for the inspector's arrival through the use of accessible information. Some residents were more comfortable than others engaging with the inspector and this was respected.

It was clear that staff in both houses had developed positive relationships with the residents. All interactions observed and overheard were warm, kind, and unhurried. Staff had a very good understanding of residents' personalities, interests, communication preferences, and assessed needs. There was a very homely atmosphere in each house. It appeared that residents' needs and wishes dictated the service provided, with staff supporting residents to be as independent as possible. In general, there were a minimum of two staff working in each house when residents were present. This reduced to one staff in one house when only one resident was there. It was also noted that staffing levels also increased at various times throughout the week to support residents' participation in activities and opportunities to spend time in the community. In both houses two staff worked overnight. One remained awake and the other completed a sleepover shift, where they could be woken to provide additional support, if required.

As this inspection was announced, feedback questionnaires for residents and their representatives were sent in advance of the inspection. 13 were provided to the inspector, representing the experiences of residents in both houses. Some of these were completed by residents with staff support, while others were completed on behalf of residents by either staff who know them well, or relatives. The feedback overall was positive with respondents outlining what residents liked about where they lived, the activities they enjoyed, and the support they received. One respondent reported that they couldn't ask for better support for their relative. The staff team were praised and described as very helpful, kind, respectful, and brilliant. A number of respondents expressed that they were kept informed about their relative, while one reported that they would like to be able to contact the house more easily. It was also noted that in all of the responses received for one of the houses, respondents reported that residents would like to go out more, with one stressing the importance of staff being able to drive. This feedback was highlighted to management who committed to following up on any areas identified as requiring improvement.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at a sample of residents' individual files in both houses. These included assessments and residents' personal development plans, healthcare and other support plans. These were found to be of a good standard. Some of the other regulations inspected were reviewed in either of the two houses, not always both. The inspector looked at staff training and rosters, risk assessments, complaints and practices associated with protection against

infection and medication management. Improvement was required to ensure the staff team were aware of, and working in line with, the provider's medication management policies and procedures. Other areas for improvement identified will be outlined in more detail in the remainder of this report.

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 centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Good management practices were in place. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being conducted. There was evidence of management presence and leadership in the centre. As will be outlined, some areas for improvement were identified.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Staff in each house reported to the team leader who reported to the person in charge. At the time of the September 2021 inspection it was identified that improvements were required in the governance and management arrangements in the centre. At that time it was found that insufficient management arrangements had been put in place during the extended absence of a team leader. During this inspection, the impact of consistent management presence in the centre was evident and resulted in improved compliance with the regulations. In addition, the remit of the person in charge had decreased, with a further reduction planned. Both team leaders were positive about the support provided to them by the person in charge and made reference to regular meetings and their availability outside of these times.

Staff meetings were held regularly in both houses in the designated centre. The inspector reviewed the records of these meetings in one house. Meetings were used to share a wide variety of information regarding the running of the house, and the care and support provided. Topics included infection prevention and control (IPC), upcoming staff training, and planned maintenance works. Meetings were also used to reflect and learn from any recent audits, evacuation drills, safeguarding concerns, complaints, or adverse incidents. The support provided to each resident was also discussed and reviewed. These meetings also provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by

the regulations. The annual review was completed in March 2022 and involved consultation with representatives of residents living in one of the houses. There was no documented consultation with residents, as is required by the regulations. An unannounced visit had taken place in June 2022 and again in November 2022. Where identified, there was evidence that all actions to address areas requiring improvement were being progressed or had been completed. One such action was to ensure that medication management audits were completed four times a year in the centre. The inspector reviewed the three most recent medication audits completed in one house. As will be outlined in the next section of this report, a number of the areas identified as requiring improvement were again identified during this inspection.

The inspector reviewed staff training records in one house regarding the areas identified as mandatory in the regulations. It was identified that two staff required refresher training in the management of behaviour that is challenging including de-escalation and intervention techniques. One of the staff was booked to attend this training the following month. Two staff were also booked to attend training in epilepsy management in the coming months. Planned and actual staff rotas were available in the centre. From a review completed in one house, the inspector assessed that staffing was routinely provided in the centre in line with the planned rosters and the staffing levels outlined in the statement of purpose. The importance of a stable staff team to residents' wellbeing was highlighted to the inspector by management and was also referenced in some of the questionnaires given to the inspector. Some staff who had worked in one house for a number of years had recently taken up alternative jobs. These vacancies had been filled.

As referenced in the opening section of this report, one resident had moved into the designated centre in 2022. The inspector reviewed the transition plan that was developed to support this resident, their peers, and the staff team with this move. There was evidence of input from the resident, their family, centre management, and a number of multidisciplinary professionals. Compatibility and risk assessments had been completed in advance of the move. The resident and their family had opportunities to visit the house prior to them moving in. Their peers were consulted about, and supported with, the move, as evidenced in resident meeting minutes. As outlined in the opening section of this report, this move had proved very successful for the resident and their peers. Relatives of this resident were also very positive, reporting that they had 'come out of themselves' since the move and were so happy.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the staffing complement, in whole-time equivalents (WTE), and the reporting structure in the centre were accurate. This was completed during the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre. Residents received continuity of care and support from consistent staff teams. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Of the records reviewed, most of the staff team had recently attended the trainings identified as mandatory in the regulations. The majority of outstanding training was scheduled to be completed in the weeks following this inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the supports provided were safe, consistent and appropriate to residents' needs, and the management structure ensured clear lines of authority and accountability. Staff meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. While the annual review did involve consultation with residents' representatives, it did not include consultation with the residents, as is required by this regulation. Improvement was required to document how residents were consulted, and decisions were made, regarding purchasing expensive items using residents' money, including annual health insurance cover. Planning was also required following the provider's assessment that the centre was not appropriate for one resident.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written service agreements in place that outlined the terms on which residents stayed in the centre, the support, care and welfare of the resident, the services to be provided, and, the fees to be charged. The resident who moved into the centre in the previous year had a number of opportunities to visit the centre prior to moving in.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the names of the management personnel, the organisational structure, and the whole-time equivalent staffing levels outlined were accurate. This was addressed during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was in place. There were no open complaints at the time of this inspection. There was evidence that complaints were discussed regularly with residents at their monthly meetings.

Judgment: Compliant

Quality and safety

Overall, residents were happy living in this centre. They were encouraged to exercise choice and control in their daily lives and received person-centred supports. Residents were safe in the centre and had positive relationships with the staff supporting them. Due to the changing needs of residents in one house, a review was underway regarding their compatibility to live together. While there was evidence of a high standard of support provided to residents, improvements were required in the implementation of the provider's medication management policy.

Residents living in the centre enjoyed participating in a variety of activities. These included those that were available in the centre, such as baking, art, watching television, celebrating each other's birthdays, massage, gardening, and listening to music, and community-based activities such as going to the cinema, bowling, to the pub, restaurants, and shopping. Two residents had recently joined their local Tidy Towns group, one had completed a mini-marathon last summer, and others had recently enjoyed going to the pantomime in Cork City. It was found in the last inspection that residents of one house had not returned to activities in their local community in line with the easing of national restrictions. While there was evidence that residents were now regularly spending time outside the centre, as was referenced earlier all questionnaires completed on behalf of these residents referenced a desire to go out more.

In September 2021, residents had not yet returned to their usual day services as they were operating at reduced capacity due to the COVID-19 pandemic. At the time

of this inspection, residents were attending day services in line with their wishes. One resident was retired, and two others chose to attend four days a week. Two residents had an integrated day service where they received support from residential staff and used their home as a base. Three residents attended day services from Monday to Friday. This included the resident who had moved in recently, who had been supported to continue attending their usual day service following the move. This was reported to be of huge benefit to them.

Contact with family was very important to the residents in the centre and this was supported by the staff team. Relatives were welcome in the centre and staff also supported residents to visit their family homes. The inspector saw photographs of residents celebrating their birthdays with family and friends in the centre. One resident had recently met with their grandparents for the first time in many years. Outside of in-person meetings, these relationships were maintained with regular phone and video calls, and cards sent on special occasions.

In advance of this inspection, an accessible document had been sent to the provider to introduce the inspector and to support residents to understand and prepare for the inspection. Staff had provided this to residents, personalising it for them on some occasions. Other accessible information, for example residents' individual routines, who was working that day, and the steps in handwashing were available in the relevant areas throughout the designated centre. The inspector also saw staff regularly using Lámh (a sign system used by children and adults with intellectual disability and communication needs in Ireland) to support residents' understanding.

The residents living in one house shared a number of interests, were of a similar age, and appeared to get on well together. The needs of the residents in the other house were changing, and in some cases increasing. Due to these changes, the compatibility of these residents to live together was under review. Throughout the registration cycle, the inspector reviewed the notifications submitted to the Chief Inspector regarding this designated centre. It was noted that there was a high number of safeguarding concerns reported in one house. The provider had assessed in September 2022 that this centre could not meet the needs of one resident and had developed a plan to provide a more suitable living arrangement for them. The frequency of these incidents increased significantly in January 2023. As a result, the provider had, in consultation with the resident, supported them to move to another designated centre in January. The inspector was informed that this was a temporary arrangement. A number of assessments were planned for this resident and the outcome of these would inform their future supports and living arrangements. An advocate was due to become involved in their supports. The inspector was informed that one possibility was to adapt the existing premises in this centre. When asked about the impact of this recent move on the other residents, the team leader described how they now enjoyed uninterrupted sleep. Some residents had lived with this person for a long time and now missed them. The inspector saw accessible information that had been prepared for residents to explain this change to them. Referrals had been made to the provider's psychology service to support the residents and to conduct a compatibility assessment of those still living in the house. The provider had already identified that one of the current residents was inappropriately placed and their name had been put forward to the provider's

committee who sought to address such matters across the organisation.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including personal care, healthcare and other person-specific needs such as mealtime support plans. Personal communication passports were in place to support residents' individual communication abilities and preferences to be understood. Multidisciplinary reviews of each personal plan had been completed in the previous 12 months, as is required by the regulations.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. One resident had been supported to lose a significant amount of weight in recent months and was now more able to participate in activities they enjoyed. There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. There was also evidence of input from other health and social care professionals such as occupational therapists, psychologists, and physiotherapists.

A number of residents had documented recommendations regarding eating, drinking, and swallowing difficulties. These had been reviewed in the previous 12 months by speech and language therapists. When in the kitchens of both houses, the inspector saw copies of these recommendations. Staff had a good awareness of these needs and recommendations. Additional supportive arrangements were in place, including staggered mealtimes to ensure staffing support was available to residents and to minimise distractions. Both houses had stocks of fresh and frozen food that was observed to be nutritious and in line with residents' preferences. Residents in one house regularly did grocery shopping with staff support. Those who were interested participated in food preparation and baking. An accessible cookbook was available in one kitchen.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. The review of residents' goals had improved since the last inspection and progress residents had made was well documented. Examples of the goals residents had achieved included planning a celebration for a significant birthday and going on a holiday.

Residents who required one, had a recently reviewed behaviour support plan in place. The plan read by the inspector was comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. The plan was developed with input from a number of professionals and emphasised an empathetic approach, consistent with a rights-based approach to social care. There were very few environmental restrictions used in the centre with residents having free access to their homes. Where it had been assessed as necessary to use a restrictive procedure there was

evidence that this was as a last resort, and that a number of other supports were also in place.

Residents living in this centre had free access to their own belongings. Residents had been assessed as requiring support to manage their financial affairs. The inspector looked at the arrangements in place regarding this support in one of the houses. Each resident had a bank account in their own name. Their disability allowance was paid into, and regular expenses such as rent and or any residential contributions were debited from, this account. Any cash withdrawals were recorded on bank statements and in each house the team leader collated information as to how this money was spent. In the sample reviewed by the inspector, it was noted that any expenses paid by the resident were in keeping with the service agreement in place. When discussing a resident's finances with the team leader it was identified that they, and others in the centre, paid for private health insurance. Some recent uses of this insurance were outlined to the inspector which had facilitated residents to get access to specialist healthcare much sooner than would have been possible using the public system. However, it was not documented how residents had been consulted about this use of their money or how the decision was made annually to renew this insurance. This issue had been previously highlighted in an inspection of another centre operated by this provider.

When in one of the houses, the inspector reviewed the medication management processes in place. Medicines were stored in a secure, dedicated area of the office with separate, designated storage spaces for each resident. A secure medication fridge was available in another room and the temperature was monitored daily. A team leader spoke with the inspector about arrangements that had been put in place while a resident was temporarily prescribed a controlled drug. There were clear processes in place regarding the ordering, receipt, prescribing, storing, disposal, and administration of medicines in the provider's policy. When reviewing the practices in the centre, some inconsistencies with the policy were identified. It was outlined that residents' medications were to be checked against their prescription when received from the pharmacy to reduce the risk of any medication errors. This process was to be documented and recorded by two staff. On the day of inspection, records were not available regarding the medicines received earlier that month. Regular stocktakes of PRN medicines (medicines only taken as the need arises) were also to be completed. These were in place for some, but not all, of these medicines. When reviewing one resident's prescription, a number of discrepancies with the policy were identified. These included that not all medicines were signed as prescribed or discontinued by a medical practitioner, the maximum dose to be administered in 24 hours of one PRN medicine was not recorded, and it was not specified that a medicine was to be administered by emptying the contents of a capsule. It was also observed, when in the other house, that the key remained in a locked container being used to store a medicine. Three medication audits had taken place in the previous eight months. Some of the areas identified as requiring improvement in these audits were consistent with the inspector's findings. The oversight and implementation of the provider's medication policy required improvement.

As outlined previously, a number of improvements had been made to the premises

since the last inspection. A new kitchen and utility room had been fitted in one house, and a bathroom renovated in the other. Previously it had been highlighted that there were insufficient shower and bathroom facilities in one of the houses. This had since been addressed. The designated centre was clean, freshly-painted, and well-maintained. However some damaged surfaces were observed on a number of chairs, and on some kitchen shelves. Given these damaged surfaces it would not be possible to clean them effectively. Posters on display indicated that a colour-coded cleaning system was in use in both houses in the centre whereby certain coloured equipment was used in specific areas to reduce the risk of cross contamination. There was evidence that this system was being implemented. The management of laundry in the centre was reviewed. Laundry equipment was stored in well-organised, accessible utility rooms. Some residents were involved in managing their own laundry. There were systems in place to ensure that clean and unclean items were kept separate, and that cloths used to clean certain areas of the houses were washed separately.

There was also evidence of other infection prevention and control (IPC) practices and systems in the centre. Cleaning schedules were in place and were monitored by the team leader. Records indicated that staff had completed training in infection prevention and control, including hand hygiene. While each staff member's hand hygiene knowledge had been assessed in recent months, their practical skills had not been assessed. Supplies of personal protective equipment were available. The inspector reviewed the contingency plan to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection in one of the houses. This plan was comprehensive and reflected the individual needs of residents and the layout of this house.

Regulation 10: Communication

Residents were supported at all times to communicate in line with their needs and wishes. Staff had a good knowledge and awareness of residents' individual communication needs. A number of accessible documents and other communication aids were in use in the centre. Residents had access to media including televisions and the internet.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in the centre in line with their wishes. Their were communal and private areas available to welcome visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had control of, and free access to, their personal belongings while in the centre. Each resident had adequate space for their belongings. Residents had bank accounts in their own names. Detailed records were kept of any money spent while residents were supported by staff. A review of a sample of these records indicated that residents' money was not used in the carrying on or management of the designated centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community. Since the previous inspection, those who wished to had returned to day services and all residents were spending time in the local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were clean, accessible to the residents, decorated in homely manner, and well-maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

There was evidence that choices were offered at mealtimes and that staff had a good knowledge of residents' individual dietary needs and support required. Residents were supported to be involved in meal preparation in line with their wishes.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide prepared by the provider met the requirements of this regulation.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Relevant information had been provided to the person in charge of the designated centre where one resident was temporarily staying. The resident had been consulted regarding this move and was in agreement with the proposed plan. The resident had wished to take the furniture from this centre with them, as well as their own belongings, and this had been facilitated.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register in one of the houses was reviewed. Risk assessments had been recently reviewed and the control measures outlined were in place. Management committed to review the ratings to ensure that they accurately reflected the impact of the control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan specific to the residents and layout of this centre was in place. The staff team had completed training in infection prevention and control, including hand hygiene. Practical training or assessments regarding hand hygiene practices had not been completed. The centre was observed to be clean. However, there were some damaged surfaces evident which therefore could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had practices in place relating to the ordering, prescribing, storage, disposal and administration of medicines in the centre. Some improvements were required to ensure that these practices were implemented consistently in the centre. Areas requiring improvement included checking and completing written records on receipt of medicines from the pharmacy, and conducting regular stocktakes of PRN medicines (medicines only taken as the need arises). When reviewing a prescription, it was identified that not all medicines included were signed as prescribed or discontinued by a medical practitioner, that the maximum dose to be administered in 24hours was not included for a PRN medicine, and that the direction to open a capsule prior to administration was not documented. In one house it was noted that the key was left in a locked box used to store medicines. Some of these matters had been identified previously in medication audits completed in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a comprehensive personal plan. An annual review, involving multidisciplinary professionals, had taken place. Residents had been involved in the development of a personal development plan. There was evidence that residents were being supported to achieve their goals. The provider had assessed that the centre was not suitable to meet the needs of one resident. At the time of this inspection, no alterative living arrangement had been identified.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan in place. There were very few restrictive practices used in the centre. Any in place were closely monitored and used in conjunction with less restrictive, alternative measures with a view to reducing the need for the restriction over time.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from all forms of abuse. Where required, safeguarding plans were in place. There was evidence of regular consultation and collaboration with the provider's desiganted officer. Of the sample reviewed, all staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Each resident received a service tailored to their individual needs and preferences. Residents were encouraged and supported to exercise choice and control while living in the centre. Residents' meetings took place regularly. The majority of the staff team had recently attended human rights training. Residents had been referred to an advocacy service and to social work for assistance with future decisions regarding their supports. However, it was not documented how residents were consulted about the use of their money to buy expensive items, such as health insurance.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially

	compliant

Compliance Plan for No.2 Brooklime OSV-0005129

Inspection ID: MON-0029788

Date of inspection: 24/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that - All staff in the Centre are identified on the Training Matrix - All staff have access to all appropriate training including refresher training on a timely basis. - All outstanding mandatory training scheduled will be completed by the 31/03/2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider will ensure that management systems in place to - evidence of consultation with all residents in the annual review of their Personal Plans and – ensure consent is sought and evidenced regarding the purchasing of expensive items using residents' money for example health insurance. The following processes will be in place for the resident to support decision making: - · A referral will be made to the services Speech and Language department to develop a specific social story to support the residents understanding and informed decision making. · A meeting will be held with the resident, where possible, and the residents' circle of support and keyworker to ensure the residents will and preference is clearly identified. · Where will and preference can't be identified, the service will make a referral to an advocacy service to support the resident. · All annual expenses will be discussed at the residents annual multi-d meeting where a full review of the persons annual financial plan will take place to discuss affordability,	

best value and how the resident is benefitting from any large expenditure. Next Annual Reviews are due by 30/09/2023

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Provider has ensured that a maintenance plan has been developed with the Facilities Department which includes remedial works to repair damaged surfaces to ensure effective cleaning. This will be completed by 22/2/2023

The PIC has ensured that practical training and assessments on hand hygiene for all staff will be completed by the 8/3/23 by the services Hand hygiene assessor.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The person in charge has sought a medication systems review with the services Clinical Nurse Oversight on 21/2/2023. This review will include that the designated centre
3. has appropriate practices relating to checking and completing written records and on receipt of medications
4. has a system in place for PRN stock takes
5. has a system in place to review all medications on residents' Kardex's, that they are appropriately signed as prescribed to include maximum dose in a 24-hour period and that all medication routes are clearly identified and documented.
All actions required from this review will be completed by the 28/2/2023. The person in charge will also ensure that all actions identified on previous medication audits will be completed by the 28/2/2023.

The person in charge has ensured that the medication locked box protocol was reviewed at a staff meeting, to ensure all staff were aware of the correct procedure. 15/2/2022
The PIC will continue to complete regular unannounced inspections to ensure that correct procedure is being complied with.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
As part of the ongoing review of suipport needs of residnets the Provider had assessed that the centre was not suitable to meet the needs of one resident. At the time of this inspection, no alterative living arrangement had been identified.
The Provider has placed the identified resident on the Provider's 'Inappropriate Placement' list to be discussed at the next residential risk forum to develop a plan to support the resident find a more appropriate placement 27/04/2023.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider will ensure that management systems in place will ensure that consent is sought and evidenced regarding the purchasing of expensive items using residents' money for example health insurance. The following processes will be in place for the resident to support decision making: - · A referral will be made to the services Speech and Language department to develop a specific social story to support the residents understanding and informed decision making. · A meeting will be held with the resident, where possible, and the residents' circle of support and keyworker to ensure the residents will and preference is clearly identified. · Where will and preference can't be identified, the service will make a referral to an advocacy service to support the resident. · All annual expenses will be discussed at the residents annual multi-d meeting where a full review of the persons annual financial plan will take place to discuss affordability, best value and how the resident is benefitting from any large expenditure. . Next Annual Reviews are due by 30/09/2023 The PIC has ensured that all staff have completed rights based training to further support the residents in the Centre.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(1)(c)	The registered 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.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	30/09/2023

	for consultation with residents and their representatives.			
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	08/03/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	15/02/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Not Compliant	Orange	28/02/2023

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	27/04/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/09/2023