



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

Issued by the Chief Inspector

Name of designated centre:	Brambley Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0005011
Fieldwork ID:	MON-0036909

About the designated centre

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

This designated centre is run by Brothers of Charity Services Ireland CLG. The centre can cater for the needs of up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one building, with four separate apartments, located on a campus setting, on the outskirts of Galway city. Residents have their own bedroom, some en-suite facilities, bathrooms, sitting rooms, laundry room and kitchen and dining area. Two enclosed garden areas are also available to residents to use as they wish. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 9 October 2024	09:45hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out to monitor compliance with the regulations. The inspection was facilitated by the clinical nurse manager (CNM1) and the person in charge. The inspector also met with four other staff members and with the six residents living in the centre.

On arrival to the centre, there was a homely and welcoming atmosphere, where residents were being supported by staff to go about their morning routines. Due to the communication needs of these residents, they were unable to tell the inspector their views about the care and support they received; however, some residents used words and the inspector observed how they communicated effectively with staff who clearly understood and correctly interpreted their words, gestures and cues. Residents appeared in good form, smiled, interacted with staff in a familiar way and some were happy to show the inspector their bedrooms.

The centre is a single storey building, comprising of four separate interconnecting apartments, situated on a campus setting, located in a residential area on the outskirts of a city. It is centrally located and is close to wide range of amenities. The centre is registered to accommodate up to six residents. Two of the apartments were for single occupancy and two could accommodate up to two residents. The apartments were found to be large, bright, comfortable, furnished and decorated in a homely way. They were well maintained and visibly clean throughout. Residents had their own bedrooms, some of which had en suite bathroom facilities. Bedrooms were found to be spacious, tastefully decorated and personalised with photographs and other items of significance to residents. Some residents showed the inspector their family photographs which were framed and displayed in their bedrooms. The photographs were clearly of great importance to them, some residents pointed to and named their family members in each photograph. There was adequate personal storage space provided in each bedroom. Each apartment had an adequate number of toilets and suitable shower facilities, kitchen and living spaces. All residents had access to enclosed garden areas. In response to the behaviour support needs of some residents, significant emphasis was placed on the design and layout of their apartments. For example, one resident who loved being outdoors had access to a large enclosed garden area, which contained non-poisonous plants, covered decking area and spacious grounds for this resident to use. The windows on some apartments were embossed which allowed the resident to see out but ensured their privacy and dignity was maintained. Some residents required restricted access to food and drink, the provider had put arrangements in place, whereby, these residents could still safely access all areas and amenities within their kitchen and bathroom. Some residents were unable to have curtains or window blinds on their windows, however, external window shutters had been provided to these windows to provide privacy and to ensure that residents got a restful sleep at night-time. Two sitting rooms were provided in some shared apartments so that residents could spend recreation or relaxation time on their own if they wished. Residents had lived together for many years, the inspector observed that residents who shared

apartments appeared relaxed and content in their environment, went about their own routines and used the communal spaces provided as they wished.

Staff spoken with had worked in the centre over several years and were very knowledgeable regarding the level of care and support needs of residents. Residents were generally in good physical health, but required supports with mental health difficulties. One residents changing and increasing health care needs were being managed by the staff team with support of the general practitioner (gp), nursing specialists, multidisciplinary and palliative care teams.

Staff spoke about how they had completed much work with residents to ensure each resident was respectful of their peer's apartment area and staff told the inspector of how they had integrated apartment visits with residents. For example, a resident cooked an evening meal with staff support on one evening of the week in their apartment and invited their peers to have dinner with them. This had a positive impact for these residents as it meant they had opportunities to meet with their peers who also lived in this designated centre.

The person in charge spoke of plans to provide suitable accommodation for residents so as to support residents move to live in the community in line with national policy on de-congregation. They advised that potential properties had been identified in the local area and that the provider was currently working with the funding organisation in order to secure these properties.

From conversations with staff, observations made by the inspector, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed, on the campus, in the community and also in the centre. The campus provided many facilities for residents to avail of for recreational use, for example, residents had access to a swimming pool, hydrotherapy and a rebound therapy unit. One of the residents attended a regular day programme on campus while the other five residents were provided with a wraparound day service from the centre. Staff spoken with advised that these residents preferred this individualised service and how there had been a substantial reduction in incidents of behaviours that challenged as a result. Staff spoken with attributed this to residents preferences of going about their own routines in a quieter environment, spending more time relaxing in the centre and partaking in activities that they enjoyed both in the centre and out in the community at their own pace.

On the morning of inspection, residents were observed going about their own routines, some getting ready to attend day service, others watching television, having cups of coffee, completing table top puzzles and others being supported with personal care and breakfast. Later in the morning some residents were supported to go for a drive and long walk in a rural nature reserve. On return to the centre, these residents were in great form and mentioned that they had lunch out in a local restaurant. During the afternoon two of the residents attended a rebound therapy session on campus. The inspector visited the therapy session and observed one of the residents enjoying the session. One of the residents was then supported to go shopping to buy new clothes for their upcoming birthday. Later in the evening some

residents were observed relaxing watching television while another relaxed full length on the sofa.

Staff reported that some residents enjoyed the outdoors and were supported to regularly get out and go for long walks and mountain hikes. The mentioned that many of the residents enjoyed going shopping, eating out and some enjoyed going to the local public house for a few pints. Others enjoyed going to regular swimming sessions, music therapy, reflexology, attending the cinema and gardening activities. Some residents had recently enjoyed holiday breaks with staff and others with family members. One resident was provided with an full education programme in house, while the teacher post had been vacant, the person in charge advised that a teacher had now been recruited and was due to commence in post the week following the inspection. Residents were also encouraged to have regular home visits and to receive visitors in the comfort of their own apartment, if they wished to do so.

From conversations with staff, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights were promoted.

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 on the quality and safety of the residents lives.

Capacity and capability

The management team had organised systems and processes in place to ensure that they had oversight arrangements to monitor the quality and safety of care received by residents. The findings from this inspection indicated that the centre was being well managed. This centre had a good history of compliance with the regulations. There was evidence of good practice in many areas. The issues identified in the compliance plan from the previous inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities. The person in charge worked full-time, was responsible for one other designated centre as well as other managerial duties in the organisation. The person in charge had a regular presence in the centre, demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by a CNM1, experienced staff team and sector manager. There were on-call management arrangements in place for out-of-hours. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels were in line with levels set out in the statement of purpose and a full complement of staff were available. There were no staff vacancies at the time of inspection. There were consistent staffing arrangements in place with staff members having worked in the centre over a sustained time period. The staffing rosters reviewed for the week beginning 6 October 2024 indicated that a team of consistent staff was in place. The roster was well maintained and it clearly set out the staff on duty in each apartment.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed indicated that all staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The CNM1 had systems in place to ensure that staff training was regularly reviewed and discussed with staff at team meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The annual review for 2023 was completed and had included consultation with residents' families. Improvements identified to the premises as a result of the review had been addressed. Other priorities outlined in the review included, continuing the discovery process to identify what residents might want from a new property in line with the national de-congregation policy. The provider continued to complete six-monthly reviews of the service. The most recent review was completed in July 2024. Actions identified as a result of the review had largely been addressed, however, some residents were still waiting on speech and language therapy reviews.

The local management team continued to regularly review areas such as incidents, health and safety including fire safety, risk management, infection prevention and control, medication management, staff training, restrictive practices and complaints. The results of recent audits reviewed generally indicated satisfactory compliance.

Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was

appropriate to meet the support needs of residents and statement of purpose. Staffing levels in the centre had continued to be reviewed to ensure that they were adequate to meet the assessed and increasing support needs of residents. The staffing levels at the time of inspection met the support needs of residents.

There were normally four staff on duty during the day and evening time. The CNM1 was also on duty during the day time. Specialist nursing supports were also available and provided to residents, who required this level of care. A waking staff arrangement was in place at night and these staff members were supported by a campus based night nurse supervisor and sleepover staff. The provider had completed a night time staffing assessment to demonstrate that the night time staffing arrangements were adequate to meet the assessed support needs of residents.

A dedicated housekeeping staff member was also employed to ensure that the building and equipment was routinely and thoroughly cleaned.

A vacant teaching post had recently been filled in order to support a resident with their education programme.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, assisted decision making, communication, first aid and dysphagia.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had been addressed and there was good compliance with the regulations reviewed on this inspection. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of

the residents.

Judgment: Compliant

Quality and safety

The inspector found that the care and support that residents received was of a good quality and ensured that they were safe and well supported in line with their assessed needs. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date health-care and support needs. Some residents had complex mental health difficulties and while another also had complex and increasing health care needs. The inspector reviewed a sample of two residents files which were now being maintained on a computerised information system. Individual risk assessments, as well as, care and support plans were in place for all identified issues including specific health care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Staff showed the inspector further care plans which were in process of being developed for a resident whose needs were increasing. Residents had access to specialist nursing supports, general practitioners (GPs), out of hours GP service and a range of allied health services.

The provider and person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and, medication management. Identified risks were regularly discussed with staff at regular scheduled meetings. The management and staff team promoted a restraint free environment and had continued to regularly review all restrictive practices in use. There were some environmental restraints in use in response to the safety and behavioural support needs of some residents and these were subject to regular multi-disciplinary review. There had been a further reduction in the use of some restrictive practices since the last inspection. All residents had been involved in completing fire drills and fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 11: Visits

Visits to the centre were being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits to the centre. Residents were supported to maintain

regular contact with their families and regularly visited family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents continued to be supported to partake in activities and tasks that they enjoyed in the centre and in the local community. One resident continued to attend day services and another resident was provided with an full education programme in house. The centre was located on a campus with access to many facilities for recreational use, for example, residents had access to a swimming pool, hydrotherapy and a rebound therapy unit. It was also close to a range of amenities and facilities in the local area and nearby city. The centre had its own vehicles available which could be used by residents to attend activities and go on trips.

Judgment: Compliant

Regulation 17: Premises

In response to the behaviour support needs of some residents, significant emphasis was placed on the design and layout of the apartments to ensure that they met resident's individual needs. The four apartments were found to well maintained, visibly clean, furnished and decorated in a homely style. Each apartment had an adequate number of toilets and suitable shower facilities, kitchen and living spaces. All residents had access to enclosed garden areas.

Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a recently updated risk management policy in place to guide staff in the centre. The risk register had been recently reviewed. All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. There were regular reviews of health and safety, incidents, medication management, restrictive practices as well as infection

prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. A full-time house keeping staff member employed. There was a colour coded cleaning system and a documented cleaning programme being implemented. The building, environment and equipment were visibly clean and well maintained. Suitable facilities were provided for the storage of cleaning equipment. Recent refurbishments including the repainting of internal walls and replacement of flooring further enhanced infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Weekly and monthly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. New fire doors had been provided as part of the refurbishment of one of the houses. All staff had completed fire safety training including in-house induction training. Staff spoken with were clearly able to describe the procedures to follow in the event of fire. The emergency fire action plan as well as the day and night time procedures clearly outlined guidance for staff in the event of a fire. Regular fire drills were taking place involving all staff and residents. Fire drill records reviewed indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe prescribing, administration and storage of medicines in this centre. Records reviewed showed that medications were

administered as prescribed. There were systems in place for regular medication stock checks. Medication audits were frequently carried out to identify any improvements that may be required and to ensure a high standard of compliance was maintained. All staff who administered medicines had completed training in medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. This documentation was found to clearly identify meaningful goals for these residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that some of the goals set out for 2024 had already been achieved while others were plans in progress. For example, a resident had recently been on a holiday break to County Donegal and had enlisted as a volunteer in a local community organisation.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed regularly by the GP, psychologist, psychiatrist, behaviour therapist, occupational therapist, physiotherapist, chiropodist, nursing specialist and palliative care team. Residents were supported to avail of vaccine programmes.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written behaviour support plans were in place.

All staff had received training in supporting residents manage their behaviour. Staff spoken with reported good supports in place from the behaviour support specialist. There was evidence of regular review of positive behaviour support plans in place. There were risk assessments and protocols in place for restrictive practices in use and these were maintained under regular multi-disciplinary review and the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect as well as the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officers were displayed. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Residents were supported to remain in contact with their families through the use of telephones, video calls and visits. Residents continued to

be supported to partake in activities and tasks that they enjoyed in the centre and in the local community. The provider was actively trying to support residents move to alternative suitable accommodation in the local community.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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