



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	13 July 2023
Centre ID:	OSV-0005147
Fieldwork ID:	MON-0031555

About the designated centre

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

No 4 Brooklime is located on the outskirts of a large town in Cork. The centre provides residential support for up to three adults with severe levels of intellectual disability including those with autism. The individuals have multiple/complex support needs including behaviours that challenge. The service is based on a social care model. To meet the needs of the residents the house has been refurbished and redesigned to incorporate two self-contained apartments. It is a ground floor premises with large garden spaces and a patio area in a tranquil setting. Access to local amenities and shops requires the use of transport. One apartment can support two residents, each with their own bedroom. There is also a shared bathroom, separate toilet area, kitchen-dining area, utility room and two sitting rooms. The second apartment supports one resident who has their own bedroom, sitting room, kitchen-dining area, bathroom and shower room, staff office/bedroom with en-suite and a store room. The centre's focus is on providing a consistent and predictable supported environment including a total communication approach by staff. The individual needs of the residents are supported in a homely environment and they are supported to reach their fullest potential by participating in leisure, social and household activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 13 July 2023	10:00hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with both of the residents living in the designated centre during the inspection. They were introduced at times during the afternoon that fitted in with their individual daily routines

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspector was given two completed resident questionnaires to review. Overall, positive comments were contained within the documents. There was satisfaction with the services and activities provided both within the designated centre and in the community. These included engaging in social activities such as walks in a variety of scenic areas and visiting family representatives. Staff also supported both residents to frequent local services such as a barber shop and cafes in the community.

The inspector was introduced to one of the resident's on their return from their day service after they had completed their regular routine with a familiar staff member in their apartment. Staff explained to the inspector that the resident benefited when they had time to engage in their preferred routine in their apartment on their return without additional persons being present. When introduced to the inspector the resident was in their kitchen-dining room completing a puzzle game with a staff member. The resident was observed to acknowledge the presence of the social care leader and the inspector before continuing with their activity. They were then observed to change the food choice for their afternoon snack before leaving the room to go into their sensory room. Staff supporting the resident explained to the inspector the progress that had taken place in recent months with the resident actively engaging in some food preparation which included chopping vegetables. The resident was observed to move independently around their apartment and open their front door to look out at the scenery, which included farm animals in a nearby field. The staff present were observed to effectively support the resident during the brief time the inspector was in the apartment.

The inspector met the second resident while they were having a snack in their dining room after they had returned from their day service. The resident did not acknowledge the inspector as they were engaged in watching a preferred programme on their electronic table device at the time. Staff explained the resident had a busy day with their day service staff which included swimming and a massage. The resident had been supported to change the location of their day service to another area in the months prior to this inspection. The new location was described to the inspector as being quieter and less busy which suited the resident better. Staff outlined how familiar day service staff continued to support the resident in the new location. This also resulted in increased opportunities for the resident to engage in activities such as walking in a number of different community locations as per their choice. Staff explained that the regular routine and choices being offered

to the resident were working well. There was ongoing communication and collaboration between the staff team, family representatives and the day service staff to ensure a consistent person centre approach was being provided in a regular routine for the resident. For example, supporting the resident to engage in activities such as social farming and visiting other facilities where the resident could watch animals.

The inspector observed a number of interactions between the staff team and the residents during the afternoon which were respectful and professional. All staff spoken too were aware of the specific assessed needs of the residents. This included effectively communicating with the residents using preferred methods of communication which included some sign language, visual schedules and objects of reference.

Staff outlined the progress both residents had made in recent months in relation to their engagement in social and community activities which was having a positive impact on their quality of life. The focus of staff ensured the ongoing safety of both residents including supporting their ongoing health issues. In addition, residents regularly engaged in meaningful activities both within the designated centre and in the community. For example, one resident had access to a sensory box in their apartment from which they could choose a number of activities. One such activity was edible coloured foam, with staff outlining how the resident enjoyed the tactile activity. Staff also described the activity as having a positive impact on the life of the resident with a reduction in the frequency the resident engaged in other behaviours which could have an adverse impact on their health and well-being.

Both residents were actively being supported to maintain regular contact with family representatives. For example, one of the resident's had enjoyed a planned visit the day before the inspection from a family representative in the designated centre. Staff outlined the positive interactions of the resident during the visit such as smiling and seeking active participation with their visitor in a puzzle activity they wished to complete. The other resident was supported by the staff team to go to visit their family home. A staff member was observed to phone a family representative to agree a time for the planned visit to take place later in the evening. In addition, this resident had been supported to celebrate a significant event with their family representatives and the staff team. The inspector was informed there were plans in progress to assist the other resident to celebrate a milestone birthday later in the year.

The person in charge and the social care leader had completed on-line training in human rights. The inspector was informed the rest of the staff team had been requested to complete this training by August 2023. While one of the resident's preferred not to have posters on their walls there was easy –to –read information available for both residents in their apartments which included human rights. One of the resident's had an independent advocate appointed to support them. This advocate had some concerns relating to a recommendation made following a service review for the resident in August 2021 by the Health Service Executive (HSE) Disability Services. One of the recommendations was for the provider to send a weekly report to family representatives. The auditors acknowledged in that service

review report that the advocate had concerns relating to the nature and level of detail of the reports. At the time of this inspection, the inspector was not assured the provider had ensured the resident had participated and consented to decisions relating to their personal information being shared. This will be further discussed in the quality and safety section of this report.

Both apartments had been decorated in –line with the expressed wishes and preferences of each resident. For example, one resident had been offered the choice to move to a bigger bedroom, but they moved their belongings back to their original room which staff supported. The provider subsequently turned the second bedroom in the apartment into a sensory room. It had a large window where the resident liked to look out and there was minimal furnishings which included personal photographs on the walls, bright décor, a relaxation chair and contained a number of colourful foam mats. However, the sensory room was not reflective of the function of the same room on the floor plans submitted by the provider as part of the renewal of registration application. This will be discussed further in the capacity and capability section of the report.

The designated centre was found to be warm and clean with a homely atmosphere. The person in charge had identified a number of maintenance issues in the designated centre in advance of the inspection. Planned replacement of flooring in parts of the designated centre and painting were documented and scheduled to be addressed in the weeks after this inspection. Some minor issues identified during the walk about of the premises were also resolved on the day by staff from the maintenance department that were on site while the residents were not present in the designated centre. These included replacement of missing protective connection covers on a radiator, the removal of an unused locking device on the porch door and the installation of a shelf in a storage area to remove items from the floor space to aid more effective cleaning of the area. However, further improvements were required to ensure all areas were maintained in a good state of repair. There was damage evident on the kitchen presses in one apartment and a bed was being stored against a wall in the staff bedroom. There was also evidence of water egress on a bathroom door.

In summary, residents were being supported by a core group of dedicated staff to ensure a good quality of life which included ongoing contact with family representatives and the wider community. This access had improved following the reduction and removal of the public health restrictions during 2022. The inspector acknowledges that the provider had ensured both residents continued to receive input from the day services during the public health restrictions to support their assessed needs and reflective of the importance of maintaining a regular routine for both residents. The availability of a second transport vehicle at the weekends also had a positive impact for residents accessing community activities frequently. However, further improvements were required to ensure the rights of residents were consistently supported regarding decisions relating to the sharing of their personal information. In addition, revised floor plans were required to be submitted to reflect the design and layout of the designated centre at the time of this inspection. As previously mentioned the sensory room in one apartment was not reflected on the floor plans submitted with the application to renew the registration of this

designated centre. The provider had given an undertaking in the days following this inspection to submit the revised documentation to support the application to renew the registration of this designated centre.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was an effective governance and management structure with systems in place which aimed to promote a person-centred service for residents. This designated centre had previously been inspected in February 2022. The actions from that inspection had been adequately addressed.

The provider had submitted an application to renew the registration of this designated centre. As previously mentioned in this report, the function and purpose of one room on the floor plans was not reflective of the findings on the day of the inspection. A bedroom had been converted to a sensory room for the resident living in the apartment. This was found to be an effective use of the space and supported the resident to have access and use of a number of areas in their apartment at the time of the inspection. The inspector acknowledges that the provider had reviewed the issue and informed the inspector in the days after the inspection that revised floor plans and relevant supporting documentation would be submitted for consideration with the application to renew the registration for this designated centre.

The inspector reviewed the compliments and complaints log of the designated centre. The staff team had received a compliment from a family representative regarding the care their relative was receiving from the staff team. The person in charge outlined the background of two complaints that had been made since the previous Health Information and Quality Authority (HIQA) inspection in relation to the provider's transport vehicles using the rural road to the designated centre. From the documentation reviewed by the inspector both complaints had been managed in line with the provider's policy.

The inspector reviewed detailed documentation and responses to a complaint made by a family representative in March 2022. The provider had responded as per the time-lines contained within the complaints policy – Complaints Concerns and Compliments Procedure guidance, October 2020. There was one open complaint at the time of this inspection. The director of services had responded with a detailed response to the complainant on 5 July 2023. The provider was actively engaging with the complainant at the time of the inspection. There were also specific

measures in place to support the resident, staff team and the family representative.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed as required by the regulations. These were detailed audits which identified a number of actions to be completed. Details including the dates some of the actions were completed or progress being made was clearly documented and updated when required by the social care leader or the person in charge. The annual review completed in March 2023 outlined highlights of the year for the residents which identified a slower pace of life suited both residents. The auditor also noted that increased engagement in community activities had a positive impact on the quality of life for both residents.

The six monthly audit completed in August 2022 identified a reduction in the number of restrictive practices which had a positive impact on the privacy and independence of one resident. The provider- led audit in February 2023 outlined an improvement in the quality of life for one of the residents following medication changes in December 2022 and implementation of health care recommendations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. The floor plans were required to be updated and resubmitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. Their remit was over two designated centres located in close proximity to each other. The person in charge was supported by the social care leader who worked full time in this designated centre. Both were aware of their roles and responsibilities and were familiar with the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents. At the time of this inspection there was one whole time equivalent staff vacancy. This was being filled by regular relief staff who were familiar with the assessed needs of the residents. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents.

However, the roster for the person in charge and their presence in the designated centre was not contained in either the actual or planned rota at the time of the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. All staff had completed mandatory and refresher training in fire safety and safeguarding. However, while over 80% of staff had completed training in managing behaviours that challenge, not all staff had training in this area scheduled at the time of this inspection. This had been requested to be provided by the person in charge.

Arrangements were also in place to ensure residents were supported by staff trained in medication management at all times. New staff members were scheduled to complete this training in the weeks after this inspection. An interim measure was in place with support being provided by staff in a nearby designated centre under the remit of the same person in charge, if required.

The person in charge and social care leader had completed on-line training in human rights. The remainder of the staff team had been requested to complete this training by August 2023.

The person in charge and social care leader had completed staff supervisions during 2022 and the supervision of staff for 2023 was underway at the time of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider ensured a directory of residents was maintained in the designated

centre.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of quality care and safe service to residents.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider was in the process of reviewing the contracts of both residents at the time of this inspection to ensure they contained up-to-date information and reflected accurately the services being provided and costs incurred by each resident.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.
Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was one open complaint in the designated centre at the time of this inspection. Staff were aware of the provider's complaints policy. Staff supported residents with easy-to-read formats of the complaints process and complaints were part of the agenda discussed at individual resident's meetings.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further review of residents' rights was required to ensure the privacy and dignity was consistently respected in relation to their personal information.

The provider had ensured fire safety upgrade works had been completed. This was an action from the previous HIQA inspection. The safety works included the installation of external fire exits from two rooms in one of the apartments. Both of these doors were observed on the day of the inspection to have thumb locks fitted internally to aid a timely exit in the event of an evacuation being required to be completed. The provider had ensured a person competent in fire safety had reviewed the works completed in April 2022 including containment measures and access to the fire panel. Regular fire drills were being completed to ensure participation of both residents. Actions taken to encourage participation were documented. For example, the effective use of particular edible treats for one resident on an occasion when they initially did not respond to the alarm sounding. However, the use of scenarios and the use of alternative evacuation routes were not clearly documented in the drill records reviewed by the inspector. This was discussed with the staff during the inspection. Personal emergency evacuation plans (PEEPs) were subject to regular review and all staff spoken to during the inspection were familiar with the fire evacuation plan for the designated centre.

Both residents had required ongoing support and input from a consistent staff team who were familiar with their assessed needs, preferred routines and the supports required to minimise or prevent periods of anxiety and behaviours of concern. This included input from allied healthcare professionals including consultants. Both residents had responded to medication changes during 2022. However, one resident required sustained support during the year until another medication change in December 2022 resulted in an improvement in their mental health and over all well-being.

During 2022, one resident's goals were modified to support their assessed needs at that time. The resident had an over view of their care completed due to significant concerns regarding their well-being. The resident was supported to attain some goals within the designated centre during this period which included participating in developing raised flower and vegetable beds. The resident was also regularly supported to visit beach locations which they were known to enjoy. The sea was described as the resident's "happy place" and they would smile and laugh when near the sea. Both the day service staff and residential staff worked together to assist the resident to enjoy water activities. Once the public health restrictions had eased staff supported both residents in –line with their expressed wishes to visit locations of interest which included donkey sanctuaries, social farms, swimming, cafes, restaurants and walking amenities. Staff outlined how one resident was enjoying as part of their routine on a particular day each week having cake and a hot drink with staff.

Measures were in place to ensure the ongoing safety of both residents which included perspex on some windows in the designated centre but these did not obstruct any window opening allowing for ventilation of the rooms where these were located. Televisions in both apartments were also behind perspex. Both residents had access to their remote controls and had dedicated locations as per their expressed wishes of where these remotes were stored. Decorative soft furnishings were also located in areas such as a hallway, bathroom and in the sensory room to support the assessed needs of the resident living in that apartment. Both residents had ongoing input and support from the behaviour support team. All staff were aware of effective reactive strategies for both residents. This information was also included in an induction folder for new staff working in the designated centre. There had been a reduction in restrictive practices during 2022 resulting in the removal of the requirement to lock a bedroom door. Other restrictions in place were under review with the staff team striving to further reduce other restrictions and support the privacy and independence of the residents.

The inspector sought clarity during the feedback meeting about the provider's review processes of restrictive practices. While restrictive practices were reviewed by the multi-disciplinary team, the person in charge and social care leader some restrictions were also sent for review to the provider's behaviour standards committee or the rights restriction committee. Staff outlined the rationale for consultation with these committees as per the provider's policy - Fuller safer lives- September 2021. Some of the restrictions being reported to HIQA in the quarterly notifications were not deemed by either committee as a restrictive practice or a rights -based issue. For example, the requirement for the storage of food for one

resident in a press in the adjoining apartment. The resident only had access to a choice of two food items at a time to support their assessed needs and reduce possible anxiety issues and engaging in looped behaviours. Another restrictive practice relating to the safe storage of a kettle was awaiting sanctioning by the behaviour standards committee at the time of this inspection. The restriction had been implemented to ensure the ongoing safety of the resident in line with the provider's policy.

As previously discussed in this report, some maintenance issues on the premises were scheduled to be addressed in the weeks following this inspection. This included repairs/replacement of damage flooring and painting works. In addition, the person in charge outlined repairs that had been requested from a supplier relating to window blinds that had been damaged. However, additional issues observed during the walk around of the designated centre included evidence of water egress on the bottom of one bathroom door and damage to the kitchen units in one of the apartments.

The designated centre was found to be clean on the day of the inspection and areas were subject to regular cleaning as per the documentation reviewed by the inspector. There had also been two deep cleaning processes in the previous 12 months. There was evidence of effective infection prevention and control (IPC) measures in place including regular review of contingency plans and supports in place for both residents relating to respiratory illness. Also documented were discussions at staff meetings, monthly audits with actions progressed and ongoing review of personal protective equipment stocks. However, at the time of this inspection the inspector was informed infrequently used water outlets were not subject to regular flushing to reduce the risk of legionnaire's disease. This was not in-line with current public health advice.

During the inspection, the inspector was informed that the provider was providing weekly reports regarding one of the resident's to a family representative. This was taking place following a recommendation made in a report completed by the HSE following a service review being provided to the resident in August 2021. The inspector acknowledges security measures were put in place to protect the information being provided. However, the inspector was not assured the resident had participated in the decision making or was consulted regarding the sharing of their personal information. The resident did have access to independent advocacy services. The auditors of the HSE report acknowledged that this advocate had some concerns relating to the nature and level of detail of these reports. During the feedback meeting, representatives of the provider outlined their intentions to support both of the residents' in relation to decision making. This included the use of services such as the Decision Support Services. However, at the time of this inspection, the inspector was not assured the rights of residents pertaining to consultation and decision making relating to their personal information were being effectively supported by the provider.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. For example, visual schedules, pictures and objects of reference were consistently and effectively being used to aid communication. Both residents also had access to easy-to-read information, electronic tablet devices, televisions and radios.

Judgment: Compliant

Regulation 11: Visits

There were specific arrangements in place to support one resident to have regular weekly visits in the designated centre from family representatives. These visits were found to be having a positive impact for the resident in recent months. Staff outlined how the resident looked forward to the visit on the scheduled day each week and would anticipate the arrival of their visitor by looking out the window.

The other resident had regular visits from family representatives in the designated centre and was supported by staff to visit their family home. The resident was also supported to attend family events and celebrations.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured each resident had access to their personal property and possessions in-line with their assessed needs. Both residents also had their own bank accounts and were being supported to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Both residents were supported to routinely access day service facilities, community services and recreational activities in accordance with their interests and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the property provided accessibility to both residents. Some maintenance works were planned in the weeks following this inspection. However, further review was required of the kitchen units in one apartment and the bathroom door which had water egress evident.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured both residents were supported with adequate food provisions, in –line with their assessed needs. For example, one resident was given a choice prior to each meal of two options. This assisted in reducing known anxieties experienced by the resident relating to the presence of food in their apartment. They had the ability to change their decision as was observed during this inspection and were being supported to engage more in food preparation.

The other resident was supported by staff to adhere to a specific dietary plan which was effectively supporting their over all health and well being.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register in place. There was no significant risks noted as all risks were rated low to medium for centre based risks. These risks were reviewed and updated on a regular basis. There was individual risk assessments for each

resident specific to their needs so that they could supported as per their assessed needs. These risk assessments were updated and reviewed regularly and in line with changing needs.

However, the risk of infrequent use of some water outlets in the designated centre had not been identified as a possible risk of legionnaire disease in the designated centre at the time of this inspection. This will be actioned under regulation 27: Protection against infection

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a number of procedures in place to protect residents from the risk of healthcare associated infections. This included ongoing oversight by the person in charge and social care leader, regular audits, an updated contingency plan reflective of actions required to support the residents to remain safe in this designated centre.

However, infrequently used water outlets were not subject to regular flushing as outline in the current public health guidelines to reduce the risk of legionnaires disease

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. Actions from the previous HIQA inspection had been addressed. The person in charge had ensured regular audits relating to fire safety as per the provider's policy had been completed. Residents had PEEPs in place which were subject to regular review. Staff and residents had participated in regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. All residents were provided with an easy-to-read format of their personal plan and personal goals. Staff had identified personal goals which included social inclusion.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. The staff skill mix ensured the medical and healthcare needs for each resident were effectively supported both by day and night. Residents were supported to access allied healthcare professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured restrictive practices within the designated centre were subject to regular reviews. Where restrictions were no longer required these were removed. While the majority of the staff team had attended training, had up-to-date knowledge and skills to respond to behaviour that challenge, not all staff had attended training appropriate to their role at the time of this inspection. This will be actioned under regulation 16: Staff training

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection there was an no open safeguarding plans in place in the designated centre. All staff had attended training in safeguarding and ensure residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice and control in their daily lives. This included community activities which reflected the known interests and preferences of both residents.

However, the inspector was not assured all residents privacy and dignity was consistently respected in relation to their personal information

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No 4 Brooklime OSV-0005147

Inspection ID: MON-0031555

Date of inspection: 13/07/2023

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Provider has ensured an application to renew the registration has been submitted. The floor plans have been updated to reflect the actual layout and purpose of each room (16/08/2023).</p> <p>The revised Statement of Purpose and floor plans will be submitted to the Authority. (22/08/2023)</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will ensure that</p> <ul style="list-style-type: none"> - Current staff recruitment is completed and that the Centre has continued access to a number of regular relief staff available to cover such vacancies. - The Person in Charge's presence in the Centre is noted on the proposed and actual roster 14/07/2023 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in charge has ensured that</p> <ul style="list-style-type: none"> - Staff requiring training in the management of behaviour that is challenging, have watched a demonstration video of low arousal/de-escalation approaches to behaviours that challenge, while awaiting for the in-person training. Application for this training has been submitted to training department and is due to be completed by 31/10/2023 - Risk assessment and control measures in place to support behaviour management in the centre are reviewed and updated as necessary - appropriate trained staff numbers to administer medication are on duty in the Centre 30/7/2023 - all staff are scheduled to undergo online training in Human Rights 30/08/2023 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has ensured all maintenance work required including issues identified during the inspection were completed on the 1/08/2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The register provider has ensured that public health guidelines in relation to Legionnaires disease are in place in the Centre and risk assessment and cleaning schedule and routines reviewed and updated in this regard. 01/08/2023</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will ensure that</p> <ol style="list-style-type: none"> 1. A referral will be made to psychology to establish if the resident needs supports in deciding what information, they consent to share with family representatives. (September 2023) 2. A review of the HSE recommendations in relation to sharing personal information is carried out involving with the HSE, the resident's advocate and the family representative and the rational for any continued need for such information to be shared. (November 2023) 3. Should the recommendation at 2 above determine the continued sharing of personal information a referral will be made to the Decision Support Service to support the resident to decide if they want to consent to the revised request, as appropriate. (November 2023) 	

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	22/08/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	14/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/10/2023

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/08/2023
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	01/08/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and	Not Compliant	Orange	30/11/2023

	living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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