



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

## Issued by the Chief Inspector

Name of designated centre:	Bramble Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	13 November 2024
Centre ID:	OSV-0004465
Fieldwork ID:	MON-0036350

## About the designated centre

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

Bramble Services is located in a town in Co. Roscommon and is run by Brothers of Charity Services Ireland. This centre provides a residential and respite service for up to five male and female adults, with mild to severe intellectual disabilities and who may fall within the autistic spectrum. This service can offer support to people with behaviour that challenges and those with mental health needs. The centre comprises of three adjoining houses in a residential area of a rural town. Each house provides residents with their own bedrooms, shared and private living spaces and gardens. Staff are on duty both day and night to support residents who live here.

**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
Wednesday 13 November 2024	10:00hrs to 15:45hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

Based on the observations of the inspector, review of relevant documentation and discussions with residents and staff the inspector found Bramble services was a good centre and was a nice place to live. Bramble services offers a respite service and a residential service to residents. There were two residents living in the centre at the time of the inspection, one respite and one residential. There was a calm, light-hearted atmosphere in the centre which put residents at ease and enhanced a homely relaxed environment. This was conducive to enjoying life and reducing stimuli in the centre which staff explained and documentation supported was important for current residents. This was an announced inspection carried out to monitor compliance with the regulations and to assist with assessing whether this centre was suitable for renewal of registration.

Prior to the inspection the inspector contacted the centre to discuss with the person in charge arrangements to best facilitate meeting as many residents as possible to illicit their experiences of living in the centre. From observing staff interactions with residents and talking to staff and residents the inspector observed that staff were very aware of the importance of the choice and rights of residents. Staff stated 'whatever the resident wants to do we do, as it's them that matter' 'They are a pleasure to work with'. Residents were supported to have a flexible activity schedule which was flexible and led by them. This meant that residents had choice and control of their lives with person centred goals identified by residents being achieved for example getting paid employment, making window boxes and growing vegetables. the inspector spoke with one of the residents about his goals and the residents was delighted to show his window boxes and was happy that he had achieved paid employment.

The centre is located in close proximity to shops, restaurants and other community facilities. The respite breaks were planned in collaboration with families to offer the most convenient supports to residents and their families. The inspector spoke with the two residents, the person in charge, area manager and two members of staff and found that all staff displayed a very good knowledge of the personal and support that residents required, and their preferences in how this was completed. Residents stated that they were well-looked after by a consistent dedicated staff team. Both residents told the inspector that staff were very good to them and supported them to choose how they spent their day. Each resident had 1:1 staff and independent transport available to them which meant with the support of staff they had control to engage in person centred activities and had a flexible schedule. For example if it was raining they could swap a more appropriate activity without affecting other residents. The independent transport also meant that residents were supported to attend medical appointments and make meaningful contact with friends and families as they wished. One of the residents had a family member who called to see them weekly and brought them out for an activity. . Both residents were delighted when the inspector spoke to them regarding their employment. There was good communication between the centre and families. Both staff

members told the inspector they enjoyed working with the residents and how ensuring they were happy was the primary focus of their work. The inspector observed warm respectful communication between staff and residents and staff were supporting residents to achieve their goals and enhance their independence. For example goals included obtaining employment, meeting more people, attending the leisure centre. It was clear from speaking with staff, reviewing the documentation and engaging with one of the residents that the quality of his life had been transformed by decrease in responsive behavioural episodes which staff contributed to the resident having his own house and 1:1 staffing and a large vehicle had enhanced the quality of life of the resident. One resident told the inspector they could walk to the shop to do their shopping which they enjoyed and there was a local park cum county house and café in the local town. Leisure facilities of a gym and swimming pool were approximately 15 minutes' drive away. One resident attended water aerobics here regularly. Both residents worked part time in local shops. Residents had received a questionnaire from HIQA which had been sent to the centre in advance of the inspection. The inspector received two completed questionnaires on 'What it is like to live in your home'. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Comments included, "I like living in my house, I can choose what activities I want to do, I enjoy going swimming, the staff chat with me and are kind and caring and I am happy with the people I live with

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 personal and support provided to the residents.

## Capacity and capability

There was a clear reporting structure in place which meant that each member of staff was aware of their roles and responsibilities. The centre was adequately resourced to ensure the effective delivery of care and support to residents, resources included adequate staff to meet the needs of residents, well maintained suitable premises. Management systems in place included oversight of significant events in the centre by the person in charge and the area manager. This included recording and reviewing all accidents incidents. This oversight was important in making sure the right action was taken to identify trends and learn from adverse events and as a consequence residents were protected from harm and there was less likelihood of re-occurrence. An auditing schedule was in place and the person in charge carried out a number of audits including, complaints and financial audits. Where deficits were identified an action plan was devised.

## Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre and found all of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had recently appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post. The person in charge was responsible for this centre and another sister centre which was located locally.

Judgment: Compliant

## Regulation 15: Staffing

The inspector reviewed the 24 hour actual and planned rota for three weeks, the past week, the week of inspection and the planned roster for the week post the inspection. The staffing levels on the day of inspection were the usual staffing levels. From the inspectors observations throughout the inspection the inspector found that the staffing levels were adequate to meet the needs of residents. The inspector reviewed components of four staff personal files and found that they contained the required documentation as per the regulations. These include references, Garda Síochána vetting and evidence of appropriate qualifications and experience.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to education and training appropriate to their role and were facilitated to attend training. This included fire safety, safeguarding, managing behaviour that is challenging, infection prevention and control and safe management of epilepsy. These trainings included a combination of online and 'in person' sessions. There were arrangements in place to provide supervision annually and the person in charge and area manager met with staff regularly.

Judgment: Compliant

### Regulation 22: Insurance

The inspector reviewed the provider's insurance details which were submitted as part of their application to renew the registration of this centre. The insurance was in date and supported that the provider had insurance in place for the building and its contents in addition to risks to injury of residents.

Judgment: Compliant

### Regulation 23: Governance and management

This was a well-governed service which met the care and support needs of residents accommodated. Residents' wellbeing and quality of life was supported by adequate resources, good management of accident and incidents, up to date policies and procedures, staff training and a dedicated consistent staff team. There was a clear reporting structure in place which meant that each member of staff was aware of their roles and responsibilities. Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed. When staff commenced working in the centre an induction training programme was in place and new staff had greater support and supervision than experienced staff. This helped to ensure that staff had relevant knowledge about the service and the residents. The last inspection of this centre was carried out on the 27 April 2023. This inspection was an unannounced monitoring inspection to monitor compliance with the care and welfare regulations. The provider had submitted an action plan detailing work they proposed to complete to come into compliance with the required regulations post this inspection and the inspector found these actions had been addressed as per the compliance plan.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose (SOP) had been revised in preparation for this inspection. The inspector reviewed the SOP which accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant



## Regulation 30: Volunteers

The centre had no volunteers at the current time. The person in charge confirmed that if a volunteer was working in the centre she would ensure that their roles and responsibilities would be set out in writing and they would receive supervision and support. Garda vetting would be organised prior to them commencing in the centre.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had ensured that all schedule 5 policies were in place and these had been reviewed in the previous three years. A sample of these policies was reviewed by the inspector who found they were person centred.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in the centre received a good service and enjoyed a good quality of life. There were opportunities available for meaningful activities and social engagement. Staff demonstrated good knowledge of residents' personal needs and preferences. Interactions observed by the inspector were kind and respectful and residents were observed comfortably spending time with staff. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual personal and social care needs were being identified and plans were in place to ensure these needs were met. Residents had access to advocacy services with an in-house advocacy service and details of national services available in the centre. The designated centre had an up-to-date policy on the use of restraint and a restraints register was in place. A person centred positive behaviour was in place for one resident which detailed the behaviours and psychological signs and symptoms the resident may display, while also detailing interventions to use to support the resident. Staff had received training in the management of responsive behaviours which assisted them to develop up-to-date knowledge and skills for their role to appropriately respond to and manage responsive behaviour.

## Regulation 11: Visits

An open door visiting policy was in place where visitors could attend at any time. Suitable facilities were in place for residents to meet with visitors.

Judgment: Compliant

## Regulation 17: Premises

Bramble services consists of three interconnecting houses, all of which are bungalow style, with each resident having their own personalised bedroom. Residents showed the inspector their bedrooms which were clean tidy and suitably furnished. The premises were warm, homely, clean and personalised with photos and personal items of resident's choice.

The centre was centrally located, with a local town within walking distance. This meant that residents could utilise the facilities of the town but were living in a nice quiet area with good sized back gardens and small paved spaces to the front of the house and with adequate parking. There was adequate communal and private space in each house for residents with a well-equipped kitchen and separate laundry and utility areas, and sufficient bathrooms..

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.

Judgment: Compliant

## Regulation 28: Fire precautions

A comprehensive fire safety management system was in place which included arrangements to detect, contain and extinguish fires and to evacuate the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which

outlined the arrangements to support them to evacuate. The house was equipped with fire safety measures which included a fire alarm, fire doors, signage, emergency lighting, and fire fighting equipment. Fire drills were occurring at regular intervals.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of the two residents who were living in the centre at the time of inspection, and found that assessments relating to care and support were in place with plans in place to meet these assessed needs. Personal plans were person centred and demonstrated good detail of the goals and steps to achieve these. Each resident had a specific key worker who was primarily responsible for assisting residents to reach their goals. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on resident's choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of health and social personal professionals which included behaviour support, speech and language therapy and psychology. There was correspondence in some of the personal files reviewed which evidenced collaborative working. There was also documented information of when residents were referred to health or social personal professionals the reason for this and the outcome of these appointments. Residents had very good access to medical practitioners and staff were complimentary of the service provided. Documentation also supported that annual health checks were being completed by their medical practitioner and regular blood analysis was being undertaken, ensuring residents health was protected.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that effective supports were in place for residents with behaviours of concern. One resident had an active behaviour support plan and the inspector reviewed this. Strategies to support residents to manage their behaviour were documented , and staff reported these were effective. A process was in place for regularly reviewing restrictions in place to ensure they were used for the shortest period of time. Restrictive practices in place had been reviewed by the human rights committee

Judgment: Compliant

## Regulation 8: Protection

There were no active safeguarding plans in place at the time of this inspection. The inspector reviewed a safeguarding plan that had been closed. This plan was developed in response to an incident that occurred in the centre recently. The inspector reviewed this plan and found that it was comprehensive and protected the resident. Centred care. The safeguarding and protection policy was up to date and staff were provided with training. Staff spoken with were clear that they would report any safeguarding issues that they witnessed and were clear that the welfare of the residents was paramount.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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