



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 November 2024
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0045529

About the designated centre

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

No.3 Brooklime consists of a detached bungalow divided into two apartment areas. The centre is located on the outskirts of a town and within close driving distance to a city. The centres provides residential care for a maximum of four female residents, over the age of 18, with intellectual disabilities including those with autism who have multiple/complex support needs that may require support with behaviours that challenge. While some residents live in the centre full-time, on some nights other residents avail of the centre on an alternating basis. Each resident has their own individual bedroom with two resident bedrooms in each apartment. One apartment has a kitchen, a dining room, a utility room and a living room while the other has a kitchen-dining-living room, a staff bedroom and a staff office. Support to residents is provided by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 26 November 2024	08:50hrs to 16:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Surveys that had been completed on behalf of residents contained positive responses on life in the centre and indicated that residents liked living in the centre. Staff on duty supported residents in a caring and warm manner. The residents present did not interact directly with the inspector, but the residents did leave the centre for parts of the day.

Four residents availed of this centre, some of whom on a full-time basis with some residents also spending time at home with their families. For one of the residents, it was indicated that they could be transitioning into the centre on a full-time basis in the future. On the day of inspection, three residents were present in the centre. The fourth resident was staying with their family and so was not present during the inspection. The inspector met the three residents that were present. These residents did not communicate verbally and none of them interacted directly with the inspector during his time in the centre.

The centre was divided into two separate apartment areas. On arrival at the centre to commence the inspection, the inspector was greeted initially by a staff member in one of these apartments. This staff member requested the inspector to go to the staff office in the other apartment while they supported a resident with a shower. The inspector followed this request. While in the staff office, the inspector met one resident as they moved in the hall outside the staff office. Although this resident was heard to vocalise at times, they did not interact with the inspector.

At one point this resident was seen walking arm-in-arm with a staff member in the hall, with the resident seeming happy while doing this. This resident was the only resident present in the apartment where the staff office was, with staff later informing the inspector that they got on with the other resident who also availed of that apartment. Shortly after the inspection commenced, this resident and a resident from the other apartment left the centre separately with staff to attend day services.

One resident remained in the centre after the other two residents had left. The resident was briefly met by the inspector in their apartment as the person in charge threw a soft toy back and forth with the resident. The resident was engaged by this and seemed content at this time. As the morning of the inspection progressed, this resident left the centre with a staff member in one of the centre's vehicles and did not return until later in the afternoon. The inspector was informed that a second vehicle had recently been obtained for the centre and that this had been beneficial.

After this resident had departed, no resident was present in the centre. As such, the inspector used this time to speak with staff, assess the premises provided and review documentation. Among the documentation read by the inspector were surveys that had been completed for each of the four residents by the person in charge in April 2024. These surveys asked questions such as "do you like living here?", "do you feel safe?" and "are your rights respected?" Positive responses were

recorded to the questions asked in all four surveys.

Later on in the inspection, the inspector was advised by staff and the person in charge that it would be best if he was not present in one apartment when a resident living there returned from day services. As such, the inspector was requested to move to the other apartment. Again, the inspector followed this request. The relevant resident did return to the centre in the final hours of the inspection but before the inspection concluded, this resident had left the centre to go meet some relatives. As a result, this resident was not met again by the inspector.

The other two residents also returned. While one of these residents had spent their day at day services, the inspector was informed by a staff member that the other resident had also attended day services for a time, had dinner and availed of a sensory room. After both of these two residents had returned to the centre, the inspector had some opportunities to overhear and observe interactions between staff and these residents. From these it appeared that staff knew the residents very well and in turn residents seemed comfortable in the presence of these staff members.

For example, when the inspector was introduced to the one resident that he had not met during the morning of the inspection, the person in charge mentioned the name of one of the resident's relatives. The mention of this name made the resident very happy, as they were seen to smile. On other occasions the two residents were seen to come close to staff members with such staff members interacting with both residents generally in a caring and warm fashion. A positive atmosphere was present in the centre as the inspection ended with one of the residents waiting to be collected by relatives and the other due to go a sensory room later in the day also.

In summary, the three residents present during this inspection did not interact with the inspector. However, positive responses were contained within surveys completed. The residents met appeared comfortable in the presence of staff members who interacted with residents appropriately.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Noticeable improvement in the centre was found since the previous inspection. This indicated that the governance and management arrangements for the centre were operating effectively at the time of the current inspection.

This centre was registered until December 2025 and had been previously inspected by the Chief Inspector of Social Services in September 2023 when the centre was

comprised of one bungalow for five residents. During that inspection, particular concerns were identified regarding the effectiveness of the centre's organisational structure, safeguarding, residents' rights and the needs of residents not being met. In light of these concerns, a cautionary meeting was held with the provider in October 2023. Following this, the provider submitted a compliance plan response outlining the measures that they would take to come into compliance. These measures included the transition of one resident away from the centre and subdividing the centre.

In advance of this inspection, there were clear indicators that the provider had implemented their stated measures. For example, in February 2024, the provider applied to vary its conditions of registration to reflect a reduction in capacity in the centre from five to four residents, while also changing the floor plans. These floor plan changes subdivided the centre into two separate apartments. Given the concerns raised by the September 2023 inspection, a decision was made to conduct the current inspection which was focused on the area of safeguarding in line with a programme of inspections commenced by the Chief Inspector during 2024. Overall, the current inspection found the changes made by the provider since the September 2023 inspection, which included some management changes, had a positive impact, which was reflected in an improved level of overall compliance.

Regulation 16: Training and staff development

Under this regulation, all staff must be appropriately supervised. During the current inspection it was indicated that all staff were to undergo formal supervision every six months. The inspector reviewed a supervision schedule and individual supervision records. Such documentation indicated that the majority of staff were receiving timely formal supervision where matters such as safeguarding and training were indicated as being discussed. It was noted though that two staff were overdue formal supervision at the time of this inspection. One had been overdue this since October 2024 although it was acknowledged that this was contributed to by annual leave. The other staff member had been overdue formal supervision since July 2024.

Staff training records reviewed indicated that all staff working in the centre had received training in relevant areas such as fire safety, Children First and safeguarding, although nine staff were due refresher training in de-escalation and intervention while four staff had yet to undergo practical training in this area. A training matrix provided indicated that these 13 staff had been booked to receive this training in December 2024. Staff spoken with during the inspection demonstrated a good knowledge around how to report safeguarding concerns. However, knowledge on the types of abuse that can occur did vary, while staff spoken with did not display an awareness of relevant standards in adult safeguarding. Near the end of the inspection, the inspector queried if a copy of these standards was present in the centre. A physical copy of these could not be located, although it was indicated that they could be accessed online. It was seen that recently-issued guidance on the signs of abuse was present in the centre's staff

office.

Judgment: Substantially compliant

Regulation 23: Governance and management

The overall governance and management arrangements for this centre were found to be working more effectively since the previous inspection with such arrangements also having an emphasis on safeguarding. Examples of this from documentation reviewed included:

- A representative of the provider conducting unannounced visits to the centre at six-monthly intervals to review the quality and safety of care and support provided. These visits were reflected in written reports, with three such visits having been done since the September 2023 inspection, most recently in August 2024.
- An annual review being completed in April 2024 that assessed the centre against relevant national standards while also providing for consultation with residents and their families,
- A safeguarding self-assessment being completed by the person in charge in June 2024.
- Staff team meetings occurring regularly in the centre. Notes of these meetings reviewed from July 2024 onward indicated that matters such as risk, health and safety, fire safety, and safeguarding were discussed. Such meeting notes had spaces for staff who were not present at the meeting to sign that they read these notes, but the inspector did note some inconsistency in the signatures.

Three members of staff spoken with talked positively of the current management in the centre. This included the person in charge, who was based primarily in this centre, and an area manager who, according to staff, regularly attended the centre. Staff also indicated that there were no issues in raising any concerns with management of the centre. Aside from this it was also apparent, based on the overall compliance levels of this inspection, that the actions taken by the provider since the September 2023 had been beneficial. This had positive impacts on supports for residents and safeguarding generally within the centre.

Judgment: Compliant

Quality and safety

Changes made to the layout of the premises and a reduction in resident numbers

helped to ensure that the centre was better suited to meet the needs of the current residents. Such changes also had positive impacts in terms of residents' rights and safeguarding.

During the September 2023 inspection it was identified that the setting provided by the centre at that time did not meet the assessed needs of residents which led to some residents impacting others. Since then, one resident had transitioned away from the centre, while the centre was subdivided into two apartments. Staff spoken with talked positively of the changes that this had on residents. For example, a shift planner had previously been in use which was intended to limit the impact that residents could have on one another, but this shift planner infringed residents' rights to freely and autonomously navigate their own home. Since the reduction in resident numbers and the changes to the centre layout, this shift planner had been discontinued. While it was highlighted that residents still did need routines, a greater provision had been made for residents' choice to be incorporated into their routines. The changes made had also contributed to a reduction in safeguarding incidents between residents in 2024 compared to 2023.

Regulation 10: Communication

Information about how to support residents to communicate was contained within their personal plans, and staff spoken with demonstrated a good understanding of how to communicate with residents. When reviewing one resident's personal plan it was observed that there were multiple documents regarding how to communicate with the resident that could be consolidated to ensure ease of access. This resident had also been recently reviewed by a speech and language therapist (SLT) related to their communication. Documentation reviewed suggested that the other three residents had also been referred to the SLT a number of months previously. On the day of inspection, it was unclear what the status of these referrals was. In the days following this inspection it was indicated that these referrals had first been made in November 2023 but that the person in charge was to meet with the SLT in December 2024 to determine residents' ongoing communication needs. It was also highlighted that since the referrals had been made, these residents did have the input of SLT throughout 2024 through different means. Aside from this, residents had access to media in the centre including Internet, television and radio.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of the centre was observed to be subdivided into two separate apartments. Each apartment could provide a home for two residents each. Each resident had their own bedrooms, all of which were seen by the inspector and

observed to be nicely presented and furnished. The premises overall was presented in a clean and homelike manner with photographs of residents seen to be on display. The current layout was better suited to meet the needs of residents in the centre. However, it was noted that one apartment did not have its own laundry facilities which meant that the laundry of residents living in that apartment had to be taken into the other apartment to be washed. This had been recognised as a rights restriction in the centre.

In addition to the subdivision of the centre into two apartments, following the September 2023 inspection, the provider had indicated that they would seek to extend the size of centre. Communication from the provider before this inspection and discussions during the inspection indicated that the initially intended extension works would not be progressing. It was indicated though that the provider was considering some internal works to the centre's current layout. This would involve moving the location of the staff office to create an extra living space and the addition of an external laundry room. The inspector was also informed that some changes were to happen in one bathroom to improve egress from that bathroom if required. During the feedback meeting for this inspection, it was indicated to the inspector that future premises plans for the centre were still to be finalised.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, residents must have individualised personal plans in place which are intended to identify the health, personal and social needs of residents while also providing guidance on meeting these needs. During the inspection, it was found that all four residents had such plans in place, with the inspector reviewing two of these in full while also reviewing selected documentation of the other two personal plans. Overall, this found that residents had recently-reviewed personal plans that contained guidance on how to support them in areas such as intimate personal care, residents' nutrition and their assessed health needs. It was noted though that some documentation such as residents' personal possessions lists required review to ensure that they were up-to-date. Most notably though, when reviewing the residents' personal plans, they all expressly indicated that residents' current residential setting was suited to their needs. This had not been the case at the time of the September 2023 inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

From the personal plans reviewed it was seen that guidance was available for staff

within the plans, if required, on how to encourage residents to engage in positive behaviour. Staff spoken with demonstrated a good awareness of residents' needs in this area and outlined how they would support residents in this area. Matters related to staff training in de-escalation and intervention is referenced under Regulation 16 Training and staff development. Aside from this, the provider had processes in place to review any restrictive practices in the centre, and documentation reviewed during this inspection indicated that any restrictive practices in use had been recently reviewed.

Judgment: Compliant

Regulation 8: Protection

At the time of the September 2023 inspection, safeguarding incidents had occurred between residents of the centre which indicated that residents could negatively impact one another. Following that inspection, the provider indicated that a compatibility assessment had been completed, and following that, one resident transitioned to another centre operated by the provider. This resulted in the number of residents living in the centre reducing from five to four. This reduction, along with the subdivision of the centre, had contributed to there being fewer safeguarding incidents or allegations in 2024 compared to 2023.

When such matters had arisen in 2024, documentation was provided during this inspection which indicated that these matters were appropriately screened and communicated to relevant statutory bodies. Incidents which had involved possible negative interactions between residents had been screened by the provider's designated officer (person who reviews safeguarding concerns) who deemed that there were no grounds for concerns with such incidents. Such findings were agreed with by the relevant Health Service Executive Safeguarding and Protection Team. Aside from those incidents between residents that were screened, the inspector did query one additional incident, but following the inspection it was indicated that this had been discussed with the designated officer at the time and deemed not to be safeguarding in nature.

Judgment: Compliant

Regulation 9: Residents' rights

The shift planner, which had been impacting residents' rights in their own home, and had been in use at the time of the September 2023 inspection, had been discontinued. As a result, this matter had been closed to the provider's rights review committee. Independent advocacy referrals had also been made following the September 2023 inspection related to residents' living arrangements. The inspector

was informed on the current inspection that these referrals were no longer active given the changes that had occurred in the centre since then.

Notes were reviewed of resident meetings from October and November 2024. These notes indicated that such meetings were happening regularly, with these meetings used to give residents information on their rights, safeguarding, activities and infection prevention and control. Easy-to-read documentation was available in the centre to help in giving residents information. This included information about safeguarding. It was noted though that the easy-to-read documentation around safeguarding present in the centre needed updating to reflect a change in the identity of the Confidential Recipient. It was also observed that a sign with information about the current Confidential Recipient was on display in the centre.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0045529

Date of inspection: 26/11/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) had identified the need for De-escalation & Intervention training in June 2024 with service training department. The training was arranged and completed by 11/12/2024 • All staff support and supervision for 2024 is completed. 20/12/2024 • A staff support and supervision schedule has been put in place for 2025. 20/12/2024 • Safeguarding is a standing agenda item at team meetings, and the National Standards for Adult Safeguarding (2019) will be discussed. Completion date: 08/01/2025 • The PIC and Staff team will meet with Designated Officer at support and supervision team meeting 05/02/2025. (Planned with DO on 08/11/2024) 	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • The PIC and Speech and Language clinician will meet 20/12/2024 to review and close any outstanding issues on the November 2023 communication referrals. • The PIC will review the communication support documentation on the Personal Plans with a view to consolidating and simplifying documentation where possible. 31/1/2025 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• The Provider has agreed the house renovations requirements with the PIC and the staff Team, these include additional living and utility/laundry facilities.• The revised floorplans are being prepared for Tendering process which should be complete by 28/2/2025 and renovation works targeted for completion by 31/8/2025. The Provider will update the Authority if there are any changes in this timeline identified following the Tender stage.• The PIC will strive to ensure that the renovations will successfully take place in as timely manner as possible having regard to the residents' feelings/reaction to works taking place in their home.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/01/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	08/01/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/12/2024
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any	Substantially Compliant	Yellow	05/02/2025

	regulations and standards made under it.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2025