Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Brookside Lodge
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0005480
Fieldwork ID:	MON-0035954

About the designated centre

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

Brookside Lodge provides a full-time residential service for two residents over the age of 18 years. The service is provided in a detached dormer type house with its own spacious grounds. It is a rural location but a short commute from a number of serviced locations and suitable transport is provided. While operated as one designated centre two distinct services can be provided, one on the ground floor and, one on the first floor. The service is a high support service for residents who present with complex inter-related needs in relation to their general health, autism and intellectual disability diagnosis. There are a minimum of three to four staff on duty at all times to provide the supervision, care and support needed. The night-time staffing arrangement is a staff member on waking duty supported by two staff members on sleepover duty. Day-to-day management and oversight is delegated to the person in charge supported by a team leader. The model of care is social augmented by multi-disciplinary input as appropriate to the assessed needs of the resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 September 2024	10:00hrs to 17:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken on behalf of the Chief Inspector of Social Services to assess the provider's compliance with the regulations and standards. The provider had submitted an application seeking renewal of the registration of this centre. The inspector found a high level of compliance and evidence of consistent management and oversight. Overall, the provider had in place the arrangements needed by both residents so that they were safe and well and enjoyed a good quality of life. However, further review of the suitability of the night-time staffing arrangements was needed and, a definitive programme of maintenance and refurbishment of the property was required.

This designated centre provides support and care to two residents with high support needs and associated risks. The residents are younger adults who live independently of each other, one on the ground floor and one on the first floor of the designated centre. Each resident is provided with their own bedroom, bathroom, living space and secure outdoor area. Staff facilities such as offices, bathrooms and sleepover accommodation are also provided on both floors. In addition, there is an external building with a laundry and a training/recreational space that staff reported was not actively used by the residents.

In the context of the resident's needs and risks the ground floor area is a more restricted and sparse space in comparison to the first floor. For example, the resident on the first floor can access all areas of their apartment including the kitchen while the resident on the ground floor does not access the kitchen and other high risk areas. However, the provider could justify on the basis of objective risk the ongoing need for the environmental restrictions in place. In addition, there was no evident impact on the residents.

It was evident that the provider made efforts to maintain the premises and completed repairs and redecoration. However, more extensive investment was required in specific areas including one residents bathroom and living area, in what was referred to as the training room and, in the laundry.

On arrival at the designated centre the person in charge greeted the inspector and facilitated the inspector to enter the secure external area from where the first floor apartment was accessed. The door to the entrance lobby was open and as the inspector was going through formalities such as signing in, the resident who lived in the apartment came down the stairs to greet the inspector and the person in charge. The resident's assessed needs include communication differences. The resident smiled and greeted the inspector with a gentle touch of heads. The inspector noted the warm greeting the resident gave to the person in charge. The resident continued to move freely around the apartment, up and down the stairs and out to the secure external area as they wished. Since the last inspection the provider had put in place a wrap-around service for the resident rather than the resident attending an off-site day service. The person in charge described how this

arrangement was suiting the resident much better in terms of their general health and presentation. The resident was reported to love being outdoors and spent most of the day out in the community supported by two staff members. Having a busy and active routine was important to the resident's wellbeing and sensory needs. The person in charge could describe how the quality and meaningfulness of the resident's daily routines was monitored. The resident enjoyed trips to the beach, forests, walking loops, visiting an equine therapy centre, sensory facilities and, an animal rescue charity where the resident enjoyed the opportunity to safely walk a dog.

The needs and routines of the other resident were very different. The inspector, who has completed previous inspections of this centre, noted how well the resident presented on this inspection. The resident was up and about, active and engaged, engaging with their staff team and verbalising purposefully to indicate their needs and wishes. For example, the resident whose needs include communication differences and visual impairment smiled and extended their hand in greeting to the inspector. The staff on duty guided the inspector as to how to respond by advising the inspector to place their hand gently on the resident's hand. The resident largely led their daily routine. For example, staff described how the resident used their state of dress to indicate to staff whether they wanted to leave the house or not. Throughout the day the resident tolerated the presence of the inspector for brief periods saying "okey-dokey" or getting up to close the door to communicate when they wished to be left alone. The resident used purposeful words to request snacks and refreshments and came to sit at their dining table in response to encouragement from staff. Staff described and the inspector saw how the resident was offered portions and snacks appropriate to the frequency of their requests and their safe eating and drinking plan.

The inspector noted that three of the staff team on duty had been present for previous inspections. While this was at times a challenging service to work in due to behaviours of concern including self-injurious behaviours, the person in charge reported very little turnover of staff and, continuity and consistency of staffing. The staff members spoken with had a solid understanding of each resident's needs, preferences and their plans of support and care and were proud of the progress and achievements made with residents. For example, staff members showed the inspector the sensory items recently introduced with both residents and described their positive impact in de-escalating behaviour. The inspector noted how one resident on their return to their apartment in the evening walked about or sat down contentedly while using the sensory snakes that had recently been purchased for them.

Overall, the provider had the staffing levels required to deliver the individualised support and care needed by each resident. However, there was some uncertainty as to the suitability of the staff sleepover arrangement to the needs of the resident on the first floor.

The person in charge could clearly describe how they planned and maintained oversight of the service with the support of the team leader. There were established systems of quality assurance that consistently monitored the appropriateness,

quality and safety of the service. Feedback was sought from residents and their families as part of this quality assurance and where feedback had been provided it was positive. There were no restrictions on visits to the centre and residents had access to home and family as appropriate to their individual circumstances.

In summary, in response to the complex nature of residents' needs the provider had in place the support both residents needed to ensure they enjoyed good health, were supported to manage their behaviours of concern, were supported to have safe community access and, to have reasonable control over their daily routines and choices.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the support and care provided to both residents.

Capacity and capability

There was a clearly defined management structure in place and it operated as intended by the provider. There was clarity on roles, responsibilities and reporting relationships. The provider maintained consistent and effective oversight of the service. While a review of staffing arrangements and investment in the premises were needed, the centre presented as adequately resourced.

Day-to-day management and oversight of the service was the responsibility of the person in charge. The person in charge was supported by a team leader. The person in charge also had management responsibility of another designated centre and could describe to the inspector how they managed these roles. For example, the person in charge maintained an active presence in each centre and had on-line access to records such as the staff duty rota, accidents and incidents and, the weekly audits completed by the team leader. The team leader confirmed they had access, support and guidance as needed from the person in charge and sufficient time to complete their allocated administration duties.

Records were in place of staff meetings convened on a monthly basis by the person in charge. There was good staff attendance at these meetings either in person or on-line. Good oversight was maintained of staff attendance at training with no training gaps or deficits evident from the training records seen. There was a schedule for the completion of formal staff supervisions and, based on that record and discussions with the person in charge these supervisions were on schedule.

The team leader planned and maintained the staff duty rota. The retention of staff facilitated the continuity of support and care that both residents needed. Staff spoken with were generally satisfied with the staffing levels and arrangements. For example, support and assistance was available so as to safely support personal care and safe community access for the residents. However, based on records seen and discussions with management and staff, further review of the night-time staffing

arrangements was needed.

The inspector requested a sample of staff files to review to assess the provider's compliance with Schedule 2. Improvement was needed to ensure, going forward, there was a system in place that supported the person in charge to demonstrate compliance as the records provided to the person in charge and hence to the inspector were initially not complete. For example, one staff member's proof of identity was out of date and evidence of a vetting disclosure was not included in one staff file. These deficits were addressed by the person in charge and the required records were seen by the inspector.

The provider had quality assurance systems that were, based on the records seen by the inspector, consistently and effectively implemented. These systems included weekly and monthly audits completed by the team leader such as of personal planning, the review of the daily narrative notes, staff training and staff supervisions. The person in charge maintained oversight of these audits. The annual review was completed by the regional manager. The quality and safety reviews required by the regulations to be completed at least on a six-monthly basis were completed on schedule by other stakeholders from within the wider organisation. Generally, a good and high level of compliance was reported and this would concur with these inspection findings.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications required for the role. The person in charge could clearly describe and demonstrate to the inspector how they planned, managed and maintained oversight of the centre. Records seen such as the records of staff meetings, the review and maintenance of the risk register and, fire safety records confirmed that the person in charge was consistently engaged in the management and oversight of the service. The residents were clearly familiar and comfortable with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was some uncertainty as to the suitability of the night-time staffing arrangements and this required further review by the provider. One resident had support from two staff members at all times. The other resident had support from two staff members for personal care and to support safe community access on a daily basis up to approximately 18:00hrs. There were three staff members on duty every evening and night. Two staff members were based on the ground floor, one on waking nights and one on sleepover duty. The third staff member was on

sleepover duty on the first floor. Staff and management reported that the resident who lived on the first floor had an inconsistent sleep pattern and when not sleeping the resident sought out and woke the staff on sleepover duty. It wasn't that the resident required particular support or assistance from staff they simply had an irregular sleep pattern which meant that sleepover staff did not sleep for part or all of the night. There were systems for monitoring these disturbances, clinical review was also sought and there were procedures in place in an effort to better support good sleep hygiene for the resident. The provider had also made changes to the staff duty rota including altering the start and finish time of the sleepover shift in an effort to reduce the impact on staff. However, staff could be on duty from 11:00hrs actively supporting the resident and then awake and up that night when they had an expectation of a sleepover shift. Records seen by the inspector indicated that there were times when the resident slept well, times when the resident settled late and times when the resident woke very early. Other records seen demonstrated medicines that were prescribed on an as needed basis to support sleep were administered very regularly and on 14 of 18 occasions (a sample of records) that they were administered, staff recorded that the medicines had no effect. In summary, further review and assurance as to the suitability of the staff sleepover arrangement was needed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with ongoing access to a programme of staff training and development. Based on the records seen by the inspector staff attended and completed any training they were required to attend such as in safeguarding, fire safety, medicines management, first aid and responding to behaviour that challenged. The staff training programme included programmes made available by HIQA such as in safeguarding and promoting the rights of residents. Additional support and guidance was provided by the multi-disciplinary team (MDT) such as from the positive behaviour support team. The person in change and the team leader provided informal and formal supervision and both described the staff team as supportive of management and the shared objective to provide each resident with the best possible support and service.

Judgment: Compliant

Regulation 22: Insurance

With it's application seeking renewal of the registration of this centre the provider submitted evidence that it had in place contracts of insurance such as insurance

against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed service. There was clarity on individual roles and responsibilities. For example, the person in charge and the team leader could describe and demonstrate how they exercised their management and oversight responsibilities. The staff team adhered to the systems and procedures in place and to the residents' personal plans. There were systems in place for monitoring this, records of discussions with staff where there was any deviation from plans and duties and, the support observed by the inspector was in line with the plans. The person in charge reported that it would be very unusual for the staff team not to report matters of concern or to not report and record incidents. The provider had formal systems of quality assurance that maintained oversight of the consistency and effectiveness of the local management systems. For example, the regional manager provided support and supervision for the person in charge, completed the annual service review and liaised as necessary with stakeholders such as the providers funding body. The quality and safety reviews to be completed at least on a six-monthly basis were completed on schedule and each review followed up on the progress of the previous quality improvement plan. Internal auditors reported satisfactory progress and implementation.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose. The statement of purpose contained all of the required information such as the number of residents who could be accommodated, the range of needs that could be supported, how to make a complaint and, the arrangements for receiving visitors.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector saw that the provider had in place all of the required policies. The policies were readily available to staff. The policies included for example policies on safeguarding, on admissions, transfers and discharges of residents, risk

management and, the recruitment, selection and vetting of staff. The sample of policies (fifteen) reviewed by the inspector had been reviewed and updated by the provider within the last three years.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, read and discussed the provider had arrangements in place that were responsive to the needs and associated risks of both residents. While there was a daily requirement to manage risks, both residents were observed to have good freedom in their home, had ready and timely access to staff and, their quality of life was not adversely impacted by the restrictions in place to ensure their safety. Both residents presented as well and content on the day of inspection. The support observed was empathetic and supportive. While the provider sought to provide residents with as homely an environment as possible, a definitive programme of investment and refurbishment of the property was needed.

Both residents based on their assessed needs required a high level of staff support. The inspector found that the support provided sought to continually develop each resident's independence and skills. As referred to in the first section of this report one resident was reported to be enjoying better personal and health outcomes since the commencement of their wrap-around service (where the residential and day service was delivered from the centre by the staff team). For example, as noted on previous inspections, the resident had been prone to infections. The person in charge reported that this was currently not an issue for the resident. Staff spoke of how they continued to work with one resident in relation to their personal and intimate care needs and routines and were tolerant of the times that this did not work so well.

Staff described how this resident was very open and receptive to new and different food choices introduced by the staff team. There was good awareness however of the residents ongoing risk for choking and records seen demonstrated that if new foods were recommended, the speech and language therapist (SALT) was consulted with.

Based on records seen staff monitored resident health and wellbeing and ensured residents had access to the clinicians and healthcare services that they needed. Both residents attended the same general practitioner (GP), who in response to the complex needs of one resident readily came to the centre as needed. The GP also attended MDT (multi-disciplinary team) meetings.

The consistency of the staff team meant that staff were familiar with the complex needs and support plans of the residents such as their behaviour support needs and plans. There was on ongoing risk for serious injury to occur if self-injurious behaviour was not appropriately responded to in a timely manner. Staff showed the

inspector the sensory items most recently introduced, how they were used to provide comfort and sensory diversion, and described the resident's positive response to them. The person in charge described the regular and consistent input provided by the positive behaviour support team.

This input included the review of the need for any restrictions put in place in response to risks. For example, the restricted nature of one resident's environment was largely in response to the risk that they would access and ingest unsafe edible and inedible items. There was an awareness of restrictions and a tolerance for reasonable risk-taking. However, there was also an awareness of how restrictions could enable resident quality of life. The staff team and the behaviour support team were currently exploring the possibility of using a wheelchair to support better community access for one resident. The resident was fully mobile and records indicated that the resident was engaging in much improved community access but it was an ongoing challenge for staff to encourage the resident to leave the centre. When out in the community staff reported that the resident was reluctant to leave the transport vehicle. Staff were of the view that while the resident had good mobility the wheelchair may provide the security the resident needed in the context of their visual impairment.

The person in charge described how they maintained oversight of incidents that did occur, of how these incidents were responded to and managed by staff and, the impact of each incident. The person in charge maintained a comprehensive register of risks both general work-related risks and the risks associated with the needs and abilities of each resident.

There were good systems in place for maintaining oversight of the centre's fire safety arrangements including the procedure for evacuating the centre if necessary.

As stated earlier in this report areas of the premises were not suitability maintained and required investment, repair and refurbishment.

Regulation 10: Communication

The assessed needs of both residents included communication differences. The inspector saw how residents used a number of methods to communicate their needs, wishes and preferences. The inspector noted one residents use of purposeful words and behaviours to communicate what is was that they wanted such as particular food items or to be the left alone. There were ongoing efforts to develop residents' communication skills and abilities. Staff showed and demonstrated to the inspector a communication device recently introduced with one resident. It was hoped that the resident would learn certain words or the resident would use the device to tell staff what it was they wanted. There was awareness of starting this process slowly so as not to overly challenge the resident.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visits but reasonable controls were in place to ensure that visits were safe. For example, if visitors brought food items with them staff had to ensure that these were consistent with the resident's safe eating and drinking plan. One resident had very regular access to home and family. Family visited the centre and the staff team supported the resident to visit home in consultation with family. The person in charge described how staff gave families space and privacy but remained accessible if needed.

Judgment: Compliant

Regulation 12: Personal possessions

One resident did not have full access to or full control of their personal finances. This remained an open action in the providers own internal reviews. The resident would always need support to manage and safeguard their personal finances. The person in charge could demonstrate the actions that had and were being taken to resolve this including consultation with family, financial institutions and internal advocacy. On that basis the regulation is deemed compliant. The person in charge said that the resident's comfort needs such as personal items, activities and social trips were not impacted by the current arrangement. Additional storage for personal items had been provided. The first floor apartment had separate laundry facilities. The requirement to review and improve the ground floor laundry facility is addressed in Regulation 17: Premises.

Judgment: Compliant

Regulation 13: General welfare and development

The evidence base of the support and care provided was informed by input from the MDT. The care and support provided was responsive to the different needs and abilities of the residents. For example, the inspector saw that one resident had a daily and weekly planner and had opportunity to be out and about each day in the community with the support of two staff. The activities that the resident engaged in reflected their sensory needs and preferences. For example, staff described how the resident enjoyed nature, forests and generally just being outdoors. The resident attended local hurling matches and was reported to love the noise and excitement of these events. The other resident had very different needs and requirements and

needed consistent support and encouragement from staff to be up and about in the centre and to leave the centre. All of these activities were tracked and monitored. The resident loved music and had a play-list of favoured music and artists that they listened and sang along to. Staff reported that the resident had increased and good tolerance of visitors to their home. Each resident had access to transport and their own secure outdoor area.

Judgment: Compliant

Regulation 17: Premises

Areas of the premises were not in a good state of repair and appeared to not support effective cleaning. For example, while staff described how they cleaned and were seen to clean as needed there was a very unpleasant odour from one resident's bathroom that permeated into the residents bedroom and the adjoining hallway. There was also an unpleasant odour in the residents main living area. Potentially this was due to surfaces that were not intact, not correctly sealed or permeable such as flooring and seals around and behind the toilet. While not actively in use the external training room was part of the designated centre and was an access route to the laundry that serviced the needs of the ground floor apartment. The inspector noted that the floor under a mat inside the door was not solid to step on and when the inspector lifted the mat the timber floor beneath the mat was wet and rotten. This timber floor extended into the laundry and the inspector noted inevitable damage to the floor in front of the washing machines. This had implications in terms of general maintenance but also in terms of infection prevention and control. The laundry space was compact and a busy space and would not provide the space needed for example to safely segregate clean and soiled laundry. There were limitations to the suitability of the facilities staff had for environmental cleaning in the context of the needs of the resident. For example, staff described how they filled a bucket with water in the sink of the room that also acted as a staff kitchenette and then emptied the water from the bucket into the mop buckets. The mop buckets were emptied and stored externally. The mops and the buckets provided were heavy and cumbersome. In the context of regulatory requirements, the residents assessed needs, the frequent need for cleaning and disinfecting and, infection prevention and control, a full review and refurbishment of these areas and facilities was required.

Judgment: Not compliant

Regulation 18: Food and nutrition

Staff spoken with were very familiar with a resident's dietary likes and dislikes, specific dietary requirements and risks. A staff member spoken with described how

the residents meals were prepared and served so that they were to the residents liking but also safe. For example, foods such as fruit and toast were served in bite-sized pieces and, portion sizes and fluid quantities were managed throughout the day as the resident could request meals and snacks at regular intervals. Staff described how the resident enjoyed his meals and was open to exploring new foods. Staff batch cooked so that a variety of options were available to the resident. Safe eating and drinking plans and meal choices were informed by recommendations made by the speech and language therapist and the dietitian. Staff monitored resident body weight as an indicator of the resident's general health and wellbeing.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a guide for residents that provided information for residents on for example, the terms and conditions of living in the designated centre, how residents were consulted with in relation to the running of the centre and, the arrangements for receiving visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, management and ongoing review of risk. The person in charge described how they reviewed incidents as they occurred and feedback was provided individually and collectively to the staff team. Risk management and the management of incidents was also incorporated into the providers quality assurance systems and centralised oversight was maintained by the wider governance structure. For example, the regional manager completed an analysis of incidents that had occurred in the centre as part of the annual service review and monthly updates were requested by health and safety personnel. The person in charge maintained a comprehensive range of risks and how they were managed such as in relation to the general operation of the centre but also the risks associated with the needs of both residents. For example, the ongoing and active risk for behaviour of concern, for choking and the risk of poor safety awareness in the community. The controls were specific to the centre and to each resident and included the controls evident on inspection such as the staffing levels and arrangements, support and care plans, MDT input and review and, the use of controls such as environmental restrictions. The inspector was satisfied that the controls were proportionate to the risk that presented to resident safety and they were managed so that they did not adversely impact of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety policy and procedures. Staff had completed fire safety training. Good oversight was maintained of the fire safety arrangements in the centre. The premises was fitted with equipment such as a fire detection and alarm system, emergency lighting and doors with self-closing devices designed to protect escape routes. There was documentary evidence on file that these systems were inspected and tested at the required intervals. Regular drills tested the evacuation procedure. Some drills were simulated with only staff participating in these drills and then, at a less frequent interval, staff and residents participated in a drill. The reports of these drills indicated that staff participation was monitored, staff were familiar with the evacuation procedure and could safely evacuate both residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector saw that new storage for medicines, at an appropriate height, had been provided. There was scope to maximise and improve how this storage was used and this was discussed with the person in charge and the team leader. There was also scope to improve stock management such as ensuring that only one item such as topical ointments was open and in use at the one time. Medicines were supplied for each resident by a community based pharmacist. The prescription reviewed by the inspector was relatively complex but the administration sheet completed by staff corresponded to the instructions of the prescription. For example, where staff could in certain circumstances administer repeat doses of a medicine.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident health and wellbeing and residents had access to the clinicians and services that they needed. For example, staff maintained records of any concerns arising and review as needed by their GP, of consultations completed by psychiatry, neurology, speech and language therapy, records of dietitian input and, recent physiotherapy review. Staff monitored resident's vital signs, that is their temperature, pulse and blood pressure, and had guidance as to what the baseline readings should be. Clinicians monitored the impact and effectiveness of prescribed medicines based on the monitoring completed by staff. There were times when staff

support (a clinical hold) was needed for residents to comply with interventions such as taking a blood sample. Staff were trained in this regard. The person in charge described how these clinical interventions had to be necessary and essential to the residents care and wellbeing. Diversions such as the provision of a favourite treat were also successfully utilised.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements in place in response to the behaviour that both residents could express at times. For example, the staffing arrangements provided for continuity of staffing and staffing levels ensured that incidents could be safely responded to. Staff had completed training including training in de-escalation and intervention techniques. The support and care provided sought to prevent the escalation of behaviours and the risk of injury to the resident and others including staff. The positive behaviour support plan was devised and reviewed as needed by the positive behaviour support team in consultation with the staff team. The MDT review of the support provided to residents included the review and analysis of behaviour based incidents. The support described to the inspector was therapeutic and sought to provide the assurance and sensory support needed by residents.

The provider had systems in place for the use of restrictions including any unplanned restriction used by staff. There was evidence of a risk based justification for these such as an immediate risk to the safety of the resident. Learning such as planning activities and locations reduced the risk for the need for further unplanned restrictions and ensured the resident continued to have unlimited and safe community access.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures and all staff had completed safeguarding training. In the context of their disability there were limitations as to how well residents understood the concept of self-care and protection. The person in charge described how each resident's presentation including any expressed behaviour was monitored and seen as an indicator of their general wellbeing. Protecting residents from harm and abuse was discussed at the monthly staff team meetings. Both residents presented as very comfortable in their home and with the staff on duty on the day of inspection with warm and respectful interactions between the residents and staff noted by the inspector. There were risk assessments and protocols for staff to follow where the assurance needed and

requested by a resident in the context of their behaviour supports included physical assurance and support from staff.

Judgment: Compliant

Regulation 9: Residents' rights

The operation of the centre and the support and care provided was responsive to the needs, abilities and choices of each resident. Management and staff spoke respectfully of residents and articulated a genuine desire to provide residents with the best possible service. Staff sought to support residents to make good decisions but also respected the choices that residents made such as declining the offer of community engagement. All staff had completed on-line human rights training and the delivery of internal workshops by the behaviour support team was planned. The person in charge described how the training had raised awareness for example, of the use of restrictions and the importance of supporting positive risk taking for residents provided it was safe to do so. The person in charge sought advocacy advice and support on behalf of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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 4: Written policies and procedures	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	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookside Lodge OSV-0005480

Inspection ID: MON-0035954

Date of inspection: 03/09/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A review of how staffing resources including sleepover staff are employed across each day has been scheduled. The service roster, staffing ratios, shift patterns, and shift duties will be key focus points of the review. The review will aim to ensure effective use of existing resources to maximize the supports for each resident. To ensure this, the review will seek input from key members of the MDT supports i.e. Occupational Therapist, Behavioural Therapist. This review will be completed 31/10/2024. • Review of PRN medication to be completed by prescribing professionals to ensure the prescription is suitable to the needs of the resident. This will be completed by 15/10/2024.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Remedial works to be completed on resident's toilet/shower room. This will be completed by 31/03/2025. • Remedial works to be completed on laundry room flooring. This will be completed by 31/12/2024. • Floor surfaces on the ground floor of the service to be reviewed and repaired or replaced where necessary. This will be completed by 31/12/2024. • Local IPC procedures will be reviewed to ensure safe manual handling controls are refreshed for all staff. This will be completed by 15/10/2024. • The provider's IPC Lead will review the service by 31/10/2024 and any arising recommendations will be implemented.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2024
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.	Not Compliant	Orange	31/03/2025