

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	No.3 Brooklime
<b>Centre ID:</b>	OSV-0002274
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Southern Services
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 August 2016 10:00 To: 10 August 2016 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection:**

This report sets out the findings of an announced inspection of a centre managed by Brothers of Charity Services following an application by the provider to register the centre. The Brothers of Charity Services provided a range of day, residential and respite services in Cork. This was a follow up to the previous inspection in March 2016.

**Description of the service:**

The centre provided a home to five residents and was based in a community setting in a large town outside Cork city. The residents all had high support needs, some of whom also had complex healthcare needs.

The house was well maintained, nicely decorated and had a large kitchen/dining room, a large sitting room and a smaller television room. Each resident had their own bedroom which was decorated according to each resident's own taste. Since the last inspection a minor maintenance issue relating to lighting had been completed. A financial donation had been made to the centre which had been used to purchase a decking area in the garden and a number of employees from the company who

made the donation, on their free time, had assembled the decking. The deck was accessible from the house and a living room and was an additional space that residents could freely use.

How we gathered our evidence:

On the day of inspection one of the residents was at home and the inspector met with the other four residents living in the centre. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:

At the last inspection there had been 18 actions identified. This inspection found that most other deficiencies had been rectified. In particular on this inspection there was evidence of appropriate, timely and comprehensive input from the multidisciplinary team into each resident's assessment and care plan.

However, a number of actions were still outstanding namely:

- residents' privacy and dignity not being met
- training on fire safety and training on dealing with positive approaches to behaviours that challenge
- assessment of education and training needs
- some improvement was required in relation to input into protocols from behaviour support specialists
- record management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The failings identified on the previous inspection in relation to residents' rights, dignity and consultation had been addressed. However, the inspector queried the choice of language used in one section of the person centred planning documentation which did not promote residents' dignity.

At the previous inspection it was identified that the location of the "wet room" and shower facilities meant that residents had to walk through the kitchen and then the utility room to access the shower. This practice did not safeguard residents' privacy and dignity in their own home. While this was still the case on the date of inspection, works were completed on the week after the inspection to provide an alternative access route from the main hall.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. The inspector reviewed the complaints log since March 2016 and there were two recorded complaints both of which had been resolved. Since the last inspection the policy had been updated to identify the coordinator of services quality systems to oversee how complaints were managed.

On the previous inspection there was not sufficient evidence of consultation and participation by residents in the organisation of the centre. Since then the records from staff meetings showed that issues relevant to residents were discussed. The provider had undertaken an annual review of quality and safety in the centre and this outlined

that choices were offered daily to residents in relation to meals. Residents were also given choice in relation to various activities via visual cues and objects of reference. The person in charge outlined that group meetings had been trialled also.

The inspector queried the choice of language used in one section of the person centred planning documentation which did not promote residents' dignity. This was discussed with the person in charge who outlined that they would review these issues.

**Judgment:**

Substantially Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Each resident had an agreed written contract which included the details of the services to be provided. The details of the fees charged were contained in a separate booklet.

At the last inspection it was found that the contracts of care outlined that residents were expected to make a financial contribution towards the running of the house. A booklet explaining the detail of these costs and contributions was made available to residents. On the last inspection the contract or booklet did not include that residents could refuse to pay the voluntary contribution. Since then an updated residential service agreement had been sent to all residents and their families to include reference to the voluntary nature of the charge.

The service had also prepared a booklet explaining the detail of costs and contributions being requested from residents. This booklet was entitled "Charges and voluntary contributions – an explanation for residential service users" and was dated February 2016. This booklet outlined:

- what a charge was
- what a contribution was
- how charges/contributions were calculated
- types of charges
- what the charge/contribution did not cover.

The service also outlined that it was planned that an independent advocate would be engaged to explain the charges/contributions to residents if the residents needed it.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Improvements to the person centred planning process were noted since the last inspection.

It had previously been identified that residents personal plans were not up to date and that there was a lack of multidisciplinary input into their personal priorities. On this inspection there was evidence of appropriate, timely and comprehensive input from the multidisciplinary team into each resident's assessment and care plan.

At the last inspection it was found that relevant healthcare information was not always available in the centre, in particular if families accompanied a resident to a healthcare appointment. Since then the team leader had liaised with each resident's family and doctor and up-to-date information was now available.

On the last inspection that there was no information on file in relation to a resident's hospital admission. This information was now available and an assessment of the resident's health needs had been completed and their care plan had been updated to reflect the instructions of the discharging hospital team.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre was a detached bungalow based on the outskirts of a large town in South East Cork. It provided a home to five residents' all with high support needs.

The house was well maintained, nicely decorated and had a large kitchen/dining room, a large sitting room and a smaller television room. Each resident had their own bedroom which was decorated according to their own taste. Since the last inspection a minor maintenance issue relating to lighting had been completed.

As part of a corporation social responsibility programme a donation had been made to the centre which had been used to purchase a decking area in the garden. A number of employees from the company, on their free time, had assembled the decking. The deck was accessible from the house and a living room and was an additional space that residents could freely use.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.



**Findings:**

The health and safety of residents, visitors and staff was promoted and protected.

On the last inspection records indicated that 14 of 20 staff had not received fire prevention training. Since then all but four staff had received this training with the remaining staff due to complete this training on 7 September 2016.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Adequate systems were in place to protect residents from being harmed. Some improvement was required in relation to input from behaviour support specialists into protocols. Some staff required training on dealing with positive approaches to behaviours that challenge.

Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, there was potential for inconsistency in approaches by staff to support residents as not all staff had received appropriate training. In addition, separate protocols had been developed without any specialist input from the behaviour support services department.

Comprehensive behaviour assessment reports and support plans were available for residents who required support from an intensive support worker attached to the adult behaviour support services department.

The inspector spoke with a staff member who was completing a course in longitudinal person focused training in positive behaviour support under the supervision of a board certified behaviour analyst. As part of this training a comprehensive behaviour support assessment was in place for one resident who required this support. The assessment included an analysis of the resident's daily living skills, cognitive skills, communication,

emotional needs, and sensory needs. Recommendations on how best to support this resident were also in place.

However, as on the previous inspection, separate protocols had been developed without any specialist input from the behaviour support services department. For example, one resident had protocols for "changing incontinence wear", "responsive strategy on transport" and a "bus protocol". This meant that inconsistent approaches to support residents could be implemented.

There was a service wide behaviour standards committee chaired by a clinical psychologist. This committee was available to review any restrictions that limited a resident's life (for example if the restriction was an environmental restraint, chemical restraint or physical restraint) and discussed why the restrictive procedure was in place. Since the last inspection a restriction in relation to an adapted transfer move had been approved.

There was a policy on challenging behaviour. As on the previous inspection training records indicated that not all staff had received training on dealing with positive approaches to behaviours that challenge. This training was scheduled to take place on 7 September 2016.

It is a requirement of the regulations that all serious adverse incidents, including allegations of misconduct are reported to HIQA. Since the last inspection there was one significant issue submitted to the Chief Inspector. Documentation in relation to this incident was reviewed during the inspection and was found to have been managed in accordance with the service policies and procedures.

**Judgment:**  
Substantially Compliant

### **Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
As on the previous inspection a comprehensive assessment of residents' educational, employment and training goals was not available to ensure that their skills development, education and training was suited to individual residents' abilities.

The person centred planning folder for each resident had a section entitled academic, work and development information. For one resident this recorded that they went to work from Monday to Friday and went swimming. However, elsewhere in the person centred planning folder identified education and training needs for this resident included communication training, skills teaching and an expanded range of activities. This example demonstrated that the process for evaluation of residents' educational and training needs did not ensure that residents were being adequately supported to access all appropriate opportunities.

**Judgment:**  
Non Compliant - Major

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

#### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

Each resident was protected by the centre's policies and procedures for medication management.

Some medication needed to be stored in a medication fridge. Since the previous inspection the temperatures on the medication fridge were being recorded daily and therefore the stability of the stored medication could be guaranteed.

Since the last inspection a new protocol had been put in place for one resident in relation to the management of epilepsy in the event of an emergency. The protocol had been signed by the resident's doctor.

**Judgment:**  
Compliant

### **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge was the area manager for the service and was suitably qualified and experienced to discharge his role. Since the previous inspection a review of the remit of the person in charge had taken place and the person in charge no longer had responsibility for day service provision and still had responsibility for seven designated centres in total. On this inspection improvements were noted.

The Brothers of Charity service had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in July 2016. There was a prepared written report available in relation to the "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

An annual review of the quality and safety of care of the service had been completed in July 2016. The review looked at a number of issues including:

- staffing
- safety
- notifications to HIQA
- incident follow up
- complaints, concerns and compliments
- personal planning
- feedback from residents/families/staff.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The management of healthcare records required improvement.

The format of the person-centred planning folder which contained date information to support each resident made it difficult to retrieve information efficiently. In particular, there was duplication of information throughout the folder with older versions of "protocols" in place with newer versions of the same "protocol". This could potentially lead to inconsistent care for residents.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	No.3 Brooklime
<b>Centre ID:</b>	OSV-0002274
<b>Date of Inspection:</b>	10 August 2016
<b>Date of response:</b>	11 October 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The choice of language used in one section of the person centred planning documentation which did not promote residents' dignity.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**

We have reviewed the choice of language in the residents' documentation. We have amended documents to promote residents' dignity. All staff are cognisant of the need to use respectful age-appropriate language and terminology.

**Proposed Timescale:** 11/08/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Four staff required fire prevention training.

**2. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**

The four staff identified has been put forward for fire fighting training on 22nd November 2016.

**Proposed Timescale:** 22/11/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Separate protocols had been developed without any specialist input from the behaviour support services department. For example, one resident had protocols for "changing incontinence wear", "responsive strategy on transport" and a "bus protocol". This meant that inconsistent approaches to support residents could be implemented.

**3. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**

All protocols will be reviewed to ensure consistency in approach and, where required, input from behaviour support services will be sought - thus eliminating any inconsistent approaches in supporting residents.

**Proposed Timescale:** 31/10/2016

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Training records indicated that not all staff had received training on dealing with positive approaches to behaviours that challenge.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**

Any staff that has not received training in positive behaviour support will be trained by 30th November 2016.

**Proposed Timescale:** 30/11/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A comprehensive assessment of residents' educational, employment and training goals was not available to ensure that their skills development, education and training was suited to individual residents' abilities.

**5. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**

The Comprehensive Assessment of Need process will incorporate an assessment of the individuals' educational, employment and training needs. We will review and update the residents' plans as necessary to ensure that residents' training and education needs as assessed are incorporated into their plans.

**Proposed Timescale:** 30/11/2016



## Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The format of the person-centred planning folder which contained up to date information to support each resident made it difficult to retrieve information efficiently. In particular, there was duplication of information throughout the folder.

**6. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**

We are currently reviewing all files to ensure that no duplication of documentation occurs. In particular we will ensure that only the latest version of residents' protocols is on file.

**Proposed Timescale:** 30/11/2016