



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

Issued by the Chief Inspector

Name of designated centre:	Brinkwater Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	17 May 2022
Centre ID:	OSV-0007772
Fieldwork ID:	MON-0028788

About the designated centre

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

Brinkwater Services provides a residential service for up to five adults with a moderate to severe intellectual disability. The house consists of three self-contained apartments: two one bedroom, and one three bedroom apartment. Residents can access their apartments independently through an internal courtyard. Residents have complex health and behaviour support needs and receive a staffing complement support residents during day and night time hours. Residents are supported by their staff and allied health professionals who are familiar with their care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 17 May 2022	10:30hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that they were actively involved in their local community and also in the running and operation of their home.

One the day of inspection, the inspector met with the four residents who were using this residential service. The inspector also met with three staff members and the inspection was facilitated by the person in charge and a team leader who was responsible for the day-to-day operation of the centre.

Residents who used this service had high support needs and they interacted with the inspector on their own terms. One resident had an integrated service and on the morning of inspection they attended a hospital appointment with two members of staff. During their absence management of the centre outlined their care support needs including their health, social and behavioural needs. Management described how this resident benefited from familiar staff supporting them and that the resident enjoyed meeting new people but they sometimes found this interaction difficult. Upon return to the centre a staff member supported this resident to meet with the inspector and they outlined how the resident may react. During this meeting the resident became elated and they interacted with the inspector in an inquisitive manner. During this interaction, the supporting staff member reassured the resident and gave the inspector clear instruction as how to best manage this interaction. The inspector found that this staff member had an excellent rapport with the resident and they calmly and confidently supported the resident to return to a baseline of behaviour. When the inspector was saying goodbye to the resident, they smiled and had a warm and familiar interaction with this staff member.

There was one other resident present on the morning of inspection and the inspector met with them in their own apartment. Again, this resident interacted on their own terms and they appeared relaxed in their home. They sat and watched their own personal computer and their apartment was decorated with various posters of both modern and vintage cars which they had an interest in. Two residents met with the inspector as they returned from their day service and they were observed to be relaxed and comfortable in the company of staff. One resident took out their jigsaws to make when they returned and before the inspector left they were helping staff to make their favourite dinner.

There was a very pleasant atmosphere in this centre which had a modern and homely feel. Two residents had their own self-contained apartments which was decorated in-line with their own needs and preferences and the main aspect of the centre supported two residents. Both residents had ensuite bedrooms and there was a large and generous open plan kitchen and dining room which was a focal point of the centre and where both residents seem to congregate and interact with staff. This layout of this area gave the centre a real sense of home and residents also had

the use of two separate reception room in which they could relax or have visitors.

This was an announced inspection and residents' representatives had completed questionnaires in advance. These questionnaires highlighted a high level of satisfaction with the service and in particular, staff were identified as contributing positively to residents' wellbeing. One questionnaire detailed that COVID 19 did have an impact on staff turnover; however, the resident appeared to have remained happy throughout. When reviewing care practices the inspector noted that familiar staff was an integral aspect of care. The provider and staff team had recognised this and the team leader showed an additional piece of work which was undertaken in the form of a task an analysis to assist new staff members in getting to know how a resident preferred to have their care delivered.

It was clear that staff knew the residents very well and a staff member who spoke with the inspector clearly outlined how a resident with high behavioural support needs preferred to have their care delivered. They spoke about the importance of familiar staff and how they wear a hat and a tunic when interacting as the resident would have a tendency to seek out hair and clothing. Management of the centre also had good oversight of behavioural support and an associated plan which was reviewed by the inspector was found to clearly outline the recommended care which was observed in practice on the day of inspection.

The inspector found that residents were well supported to enjoy life and that a warm and interactive approach to care was offered. Two issues in regards to fire precautions and healthcare were identified as requiring some adjustment on this inspection; however, overall a good quality of care and support was offered to residents.

Capacity and capability

The provider had management arrangements in place which ensured that the quality and safety of care was maintained to a good standard and also assisted in ensuring that the rights and wellbeing of residents was actively promoted.

This was an announced inspection which was facilitated by the person in charge and a team leader who held responsibility for the day-to-day operation of the centre. Each manager had clear lines of accountability with the person in charge assuming the responsibility for the overall management of this centre. Each manager had detailed understanding of each resident's needs and they could clearly explain how the centre operated to ensure that they residents were safe and that care was maintained to a good standard.

The team leader discussed the ongoing audit process in areas such as medications and fire safety. The team leader also detailed the ongoing monitoring of infection

prevention and control (IPC), with scheduled audits of personal protective equipment (PPE) storage and use, hand hygiene and the cleaning and hygiene arrangements in the centre. The person in charge discussed the provider unannounced audits which had occurred and the inspector reviewed the centre's annual review which indicated that both residents and their representatives had a high level of satisfaction with the service.

The staff who were supporting residents on the day of inspection had a very good understanding of their needs. The team leader highlighted an individualised aspect of care whereby staff member, who had an in-depth knowledge of a resident's care needs, was completing a task analysis for various aspects of care which assisted in ensuring that this resident was supported by staff who knew their needs. A review of training records also indicated that staff had received training which was relevant to residents' care requirements, such as behavioural support, IPC, fire safety and safeguarding.

A staff member who met with the inspector said that they felt supported in their role and that management of the centre were readily available should they have any concerns. There was also an out-of-hours on-call arrangement in place should a staff member require the assistance of a senior manager. Staff attended regular team meetings which facilitated them to raise concerns in regards to care practices and also gave managers of the centre the opportunity to relay information from the provider in areas such as COVID 19 or IPC.

Overall, the inspector found that the above arrangements ensured that residents were supported by staff who knew their care needs and that the provider had good oversight of the quality and safety of care which was provided.

Regulation 15: Staffing

The provider had an accurate rota in place which indicated that residents were supported by a familiar staff team. The provider had also ensured that all required information as set out in Schedule 2 of the regulations was in place, which assisted in the overall safeguarding of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Relevant training underpins the quality and safety of care which is provided to residents and the provider had ensured that staff had completed all required training as set out in the regulations. Staff were also scheduled to attend for regular support and supervision which assisted them to raise concerns in regards to care practices in

this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place which monitored care practices and ensured that care was maintained to a good standard. Both the person in charge and the team leader who facilitated the inspection could clearly describe the residents' care needs and the resources which were required to meet those assessed needs. All required audits and reviews had also been completed which assisted in maintaining a good level of care for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of of documentation in this centre indicated that the provider had submitted all required notifications as set out in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care which was provided to residents was maintained to a good overall standard. Residents were also well supported in line with their care needs and the staff team were in the process of re-establishing community connections for residents following the easing of COVID 19 restrictions.

The inspector examined a sample of personal plans and found that they were comprehensive and reviewed in a manner which ensured that staff had access to the most up-to-date care planning which promoted consistency in areas such as behavioural support. Residents were also supported to identify and achieve personal goals with some residents going on holidays and attending concerts. There was a real sense of supporting residents to get involved in community and to help out where they could. For example, one residents identified goal was to raise money for charity and they had recently completed a hill climb which raised funds for a national charity which was a very meaningful event for them.

There was a young dynamic of residents in this centre and as mentioned above, staff were supporting them to re-establish links with their local community. One resident had returned to a community partnership event in which they attended training with a local soccer team and they had also attended a recent drumming lesson outside of the centre. The person in charge also explained that residents, through their day service, had aspired to complete accredited courses which were facilitated by an overseas organisation. Residents had proudly completed courses in multi-media and photography and a graduation was held in a college in Galway to celebrate this achievement.

Some residents who used this service required additional care in the area positive behavioural support. The inspector reviewed associated plans of care which were formulated by both a behavioural specialist and also a psychologist. The inspector found both plans to be comprehensive in nature and they worked in tandem to guide staff in delivering a consistent approach to care, which the staff team stated was a vital aspect of care. As mentioned earlier, the inspector observed directly a staff member's response to an escalation of behaviours and found that their calm, caring and insightful approach to this resident's care need had resulted in the quick return to baseline behaviour.

Residents had good access to healthcare professionals and the person in charge explained the healthcare reviews which had occurred for a resident who had a recent decline in their health. Residents were also supported to attend for scheduled health checkups and they also attended medical professionals in times of illness. There was guidance in place to assist staff when supporting a resident with a specific health care condition. The plan of care outlined the immediate medical response, including the use of rescue medication and oxygen within a specified timeline. Although, this was a positive example of care, staff were not always present with this resident and the provider was unable to demonstrate how the staff could be alerted, should such a medical response be required.

The provider had fire precautions in place such as fire doors, fire alarm system and fire fighting equipment. The provider ensured that this equipment was serviced as required and that staff completed regular checks of fire safety systems to ensure that they were in good working order. Although, these measures were proactive in terms of fire safety, the provider did not clearly demonstrate that there was sufficient emergency lighting in place to assist with the evacuation of the centre should a fire occur. Information was readily available in regards to fire safety procedures and individualised evacuation plans were in place to assist in the evacuation of residents. The provider was also completing regular fire drills which demonstrated that residents could evacuate the centre in a prompt manner.

Overall, the inspector found that the wellbeing and welfare of residents were actively promoted and that residents were supported to enjoy a good quality of life.

Regulation 13: General welfare and development

Residents' welfare was actively promoted and the staff team were supporting residents to safely access their community for activities which they enjoyed. Community inclusion was actively promoted with some residents attending a local soccer facility to train and meet people from the locality.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management underpins the safety of care which residents receive and the inspector found that associated risk management planning promoted both the safety of individual residents and the centre. A review of adverse events also indicated that both the centre management and the provider were responsive to incidents which had occurred, which again, assisted in ensuring that safety of residents was promoted.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control arrangements were held to a good standard in this centre. Staff were observed to wear face masks and to regularly wash their hands. Residents were also supported to wash their hands and information about COVID 19 was available to them. The centre was also cleaned to a good standard. Individualised plans were in place to assist residents to isolate if they were suspected or confirmed as having acquired COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were generally held to a good standard and fire drills indicated that residents could evacuate the centre in a prompt manner should a fire occur. Staff also had a good understanding of evacuation procedures and the recommended evacuation plan was clearly displayed. However, the provider did not clearly demonstrate that sufficient emergency lighting was in place to assist in the

evacuation of the centre.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Residents had comprehensive personal plans in place which clearly outlined resident's individual care needs and also how they preferred to have these needs met. Examples of individualised care was evident across all reviewed plans with residents supported to identify and to achieve personal goals such as holidays and raising funds for charity.
Judgment: Compliant
Regulation 6: Health care
It was evident that residents were assisted to attend for medical reviews on a regular basis and also in times of illness. Specific plans of care were also in place for identified healthcare needs; however, the provider did not demonstrate how staff would be made aware if a resident with a specific healthcare need required assistance.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
The inspector observed that staff had a good understanding of residents' behavioural care needs and all interventions which were recommended were found to have the minimal impact on residents and to also promote their overall wellbeing. There were some restrictive practices in place; however, these were kept under regular review by the provider.
Judgment: Compliant
Regulation 8: Protection
There were no active safeguarding required in this centre and residents enjoyed a good quality of life. Staff were also observed to interact with residents in a warm

and caring manner and residents appeared to enjoy their company.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended regular house meetings in which they participated in the running of their home. The inspector also observed a resident helping to make the evening meal for the centre and staff discussed with residents what they would like to do on the evening of inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brinkwater Services OSV-0007772

Inspection ID: MON-0028788

Date of inspection: 17/05/2022

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider has reviewed and subsequently increased emergency lighting is being installed in the building to ensure sufficient lighting is in place to allow an adequate means of escape.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge has liaised with the Multidisciplinary team to identify solutions to alert staff should a resident require assistance while remaining respectful to the person's right/wish to space and privacy.	

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 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/06/2022