



**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:	The Brook
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	26 May 2025
Centre ID:	OSV-0004871
Fieldwork ID:	MON-0038276

## About the designated centre

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

The Brook is a centre run by Brothers of Charity Services Ireland located in a mature residential area on the outskirts of the town. The service provides both residential and day support to a maximum of three residents over the age of 18 years. The centre comprises of two houses located in close proximity to each other: one resident lives in one house and two residents share the other house. The support provided responds to individual requirements and needs from a part-time service to a full-time residential placement and, support for higher physical and healthcare needs. The model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a social care worker in each house.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## 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
Monday 26 May 2025	09:30hrs to 18:20hrs	Jackie Warren	Lead
Monday 26 May 2025	09:30hrs to 18:20hrs	Maureen McMahon	Support

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met with residents who lived in the centre and observed how they lived. Inspectors also met with the person in charge, a team leader and two staff on duty, and viewed a range of documentation and processes.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in activities that they enjoyed. As this was a home based service, residents had the flexibility to take part in activities in the centre and in the local community. Throughout the inspection, it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents and ensured that a person-centred service was being delivered to these residents. Residents had good involvement in the local community and took part in leisure activities that they enjoyed. Residents frequently went for walks in woodlands and at beaches, went for meals out and picnics and went to other places for days out and lunch. Other activities that residents enjoyed, and were involved in, included horse riding, bowling, swimming, discos and visiting pet farms. Residents were also very involved in the local community and took part in regular community activities such as going to the church to light candles, cinema, hairdressing and barbers appointments, and going to the library. Staff also supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Residents had good access to general practitioner services, and those who were eligible could avail of national health screening programmes if they chose to.

Residents were out and about for most of the day of inspection but returned to the centre in the late afternoon. Inspectors met with three residents, some of whom required support with communication, and did not verbally discuss their views on the quality and safety of the service with inspectors. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. There were effective measures in place to support residents and staff to communicate with each other. During the inspection, staff were seen communicating effectively with residents in various ways including speech, pictorial information and use of cues. Information was made available to residents in easy-to-read formats, including pictorial meal plans, staff on duty, the management team, and the complaints process.

It was evident that residents were involved in how they lived their lives in the centre. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well. This information was used for personalised activity planning. On the day of inspection, residents were involved in different

activities and outings supported by staff. Two residents went to visit the aquarium in Galway. Another resident was planning to go for a day, possible to a beach, but had not yet chosen where they would like to go. On their return in the evening residents met with inspectors, and a resident told them about the aquarium and said that they had really enjoyed the day there. A resident told inspectors that they liked living in the centre and that they were very comfortable there. They said that staff looked after them well and they also knew who was in charge and that they could raise a concern if they had one. All residents were very welcoming and had agreed for inspectors to see their bedrooms.

The centre was located in a residential area but was close to a busy rural town and this location gave residents good access to a wide range of facilities and amenities, such as restaurants, sports facilities and, the library. The centre was nicely furnished and there was adequate communal space which ensured that each resident could enjoy privacy or time alone as they wished. Each resident had their own bedroom. There was adequate furniture for storage of residents' clothes and personal belongings, and bedrooms were personalised to each person's taste. Inspectors saw that residents had belongings that they valued in their rooms, such as books, toys, soft toys, games, videos and family photos. It was also noted that the centre was accessible and equipped to meet the safety and mobility needs of residents.

There were well equipped kitchens in both houses. Residents in this centre preferred not to be involved in food preparation and grocery shopping, and this was respected. However, Residents said that they always enjoyed the meals in the centre, had choices at mealtimes, and often went out for a meal or coffee and that they enjoyed that too. Information gathered for each resident, and outcomes of professional assessments, were used to inform food choices and meal preparation.

During the inspection, inspectors were told about improvements that were being progressed for the benefit of residents. For example, although residents did not wish to take part in the main grocery shopping, one resident was being supported to accompany staff on a weekly visit to the butcher's shop, and the person in charge showed inspectors an area that was she was planning to develop as a sensory area for residents.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

## Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge who was very familiar with residents who lived in the centre and focused on ensuring that these residents would receive high quality of care and that their human rights were being supported. The person in charge was being supported by another manager based in the centre and who carried out a mixture of governance and care duties. The person in charge of the centre was due to change in the near future and an inspector viewed relevant information about the incoming person in charge, which indicated that they were suitably qualified and experienced for this role.

The provider had ensured that the service was subject to ongoing auditing to ensure that a high standard of care, support and safety was being provided to residents who lived there. These included unannounced audits of the service that were carried out twice each year on behalf of the provider, and other audits carried out by staff in the centre. These audits showed high levels of compliance had been achieved and that any areas for improvement had been identified and were being addressed. A review of the quality and safety of care and support of residents was being carried out annually. An inspector read the most recent annual review and found that there was evidence that consultation with residents and or their representatives was taking place and was included in the report.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, inspectors observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate numbers of suitably trained staff to support residents' preferences and assessed needs, and centre was suitably insured. The provider had also made a range of policies and guidance documents available to inform staff.

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

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. An inspector reviewed this documentation and found that it had been suitably submitted. Minor amendment to the statement of purpose was required but this was addressed by the person in charge and an updated version was submitted to the Health Information and Quality Authority shortly after the inspection.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre.

An inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that the person in charge was suitably qualified and experienced for this role. The person in charge worked closely with staff and the wider management team. Throughout the inspection, the current person in charge was very knowledgeable about the individual needs of each resident who lived in the centre, and was also aware of their regulatory responsibilities. A new person in charge had been appointed to this centre and was due to take up this role in the coming weeks. An inspector also reviewed information regarding this person in charge and found that they were also suitably qualified and experienced for this role.

Judgment: Compliant

## Regulation 15: Staffing

On the day of inspection, staffing levels and skill-mixes were appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. These staff had been suitably recruited by the provider.

Inspectors reviewed three months staffing rosters for March, April and May 2025 and found that planned and actual staff rosters were being maintained in the centre. These showed that staffing levels were appropriate to the number and assessed needs of residents present. A core staff team was evident on the roster. The staffing rosters viewed were accurate for the day of inspection. Inspectors reviewed recruitment files for two staff who worked in the centre. All the information required by schedule 2 of the regulations was in place and was available to view in both files.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

Inspectors viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding of vulnerable adults. An inspector's review of the training matrix



indicated that all staff had completed a range of other training to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents, including training specific to individual residents' needs. This training included first aid, manual handling, safe administration of medication and feeding, eating, drinking and swallowing and neurodiversity. In addition, all staff had received training on human rights, assisted decision making and open disclosure. Copies of regulations, national standards and guidance documents were also available in the centre to inform staff. The person in charge had also ensured that staff were being suitably supervised. An inspector viewed the supervision plan and found that supervision meetings were taking place twice a year as required. The person in charge showed the inspector a sample of two supervision records which had been carried out as planned and had been suitably recorded.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The service was subject to ongoing auditing and review. This included auditing of the service, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. An inspector viewed these audits, all of which showed a high level of compliance. The person in charge had a quality improvement plan to address areas requiring improvement. The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation, transport, access to Wi-Fi, and adequate levels of suitably trained staff to support residents. An inspector read team meeting records for January and April. Team meetings minutes showed that agenda items, such as restrictive practices, risk management, personal centred planning, and safeguarding, were discussed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose which accurately described the service provided to residents and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found it described the model of care and support that the provider intended to deliver to residents who lived in the centre. The statement of purpose was available to residents and their representatives. Some minor amendment was required to ensure that all of the information contained in the statement of purpose was fully accurate. This was promptly addressed by the person in charge and an updated version was submitted to the Chief Inspector shortly after the inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff, although improvement was required as some of the policies were out of date.

Policies required by schedule 5 of the regulations were available in the centre on an online system, to which all staff had access. An inspector viewed these policies and found that, while all schedule 5 policies were present, some had not been reviewed within the past three years as required by the regulations. For example, food and nutrition, risk management and communication policies that were available on the system were out of date.

Judgment: Substantially compliant

## Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. Inspectors found that residents were supported to enjoy activities and lifestyles of their choice and that residents' rights and autonomy were being

supported. However, improvement was required to consultation with residents and infection control.

The centre comprised two houses which suited the needs of residents, and were clean, comfortable and well maintained. Each resident had their own bedroom and these were furnished and personalised to their liking. Laundry facilities were available to residents in both houses and there was a refuse collection service provided. There were gardens with paved areas at both houses where residents could spend time outdoors. Residents could use the centre's transport to access their preferred activities, outings or for visits to family.

As this was a home-based service, staff were available to support residents at all times throughout the day. This gave residents the opportunity to take part in the activities that they preferred either in their home or in the community. During the inspection, inspectors saw that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and activities, contact with family and friends and going out for something to eat.

Residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, inspectors found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents' financial independence was being supported and encouraged in line with their assessed capacities, and there were suitable facilities in place for residents to control and safely store their clothing and belongings. There were records to show that residents had consented to various activities, however, these consent forms had not been signed by residents, but by others on their behalf. It was unclear from viewing these records as to how residents' views and consent had been taken into account.

The provider had ensured that residents had access to medical and healthcare services, that they received a good level of healthcare, and that there were safe medication management practices in place. Comprehensive assessments of residents' health, personal and social care needs had been carried out and were recorded. Individualised personal plans had been developed for all residents based on these assessments and residents' personal goals had been agreed at annual planning meetings. Residents' nutritional needs were well met. Well-equipped kitchen facilities were available for food preparation, either by residents or staff as preferred.

There were measures in the centre to protect residents from risks associated with fire, behaviour that challenges and infection. The provider had systems in the centre to manage and reduce the risk of fire. These included staff training, emergency evacuation drills, personal evacuation plans, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. The provider had also put

measures in place to respond to behaviour that is challenging. There were procedures, such as documented support plans and involvement of a behaviour support specialist, to support residents to manage behaviours of concern. An aspect of infection control, however, required improvement, as there was insufficient guidance on laundry management in one house to ensure that the risk of cross contamination was well controlled.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Some residents in the centre were non-verbal, and communicated through gestures and other methods and there were communication systems in place to support these residents. These included visual cues, pictorial weekly schedules, and objects of reference, and pictorial menu information. Inspectors viewed two residents' support processes, which included clear and up-to-date communication passports. There were also pictorial cues available to help residents and staff to communicate with each other and to support residents with making choices, such as meal choices. Inspectors observed that interactions between staff and residents were personal centered and in line with residents' communication needs. Residents had access to television, radio and personal mobile devices and communication applications on their devices.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to, and control of, their personal property and possessions and were supported to manage their financial affairs in line with their assessed abilities.

Residents were observed to have adequate storage space for personal possessions. Each resident had suitable space to store their belongings and clothing, and there were suitable facilities in the centre for the laundry of residents' clothing and personal bedding. Inspectors also saw that there were auditing systems in place to ensure that residents' finances were securely and appropriately managed. Inspectors saw that the provider maintained records of residents' valuables which acted as a safeguarding measure. Inspectors also saw that financial capacity assessments had been carried out for each resident to establish their ability to safely manage their own money and to identify the levels of support that they required.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and needs of residents. The centre comprised two houses located in close proximity to each other in a residential area of a rural town. During a walk around the centre, inspectors found that both houses were well maintained, clean, and suitably decorated. Both houses had pleasant gardens, however, some external painting and garden maintenance was required.

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector saw that the houses were well maintained, clean and comfortably decorated. The centre comprised two houses in a residential area on the outskirts of a town. Houses were laid out to ensure that each resident had adequate communal and private space as required. All residents had their own bedrooms and there were adequate bathroom facilities available for residents to use. Both houses had accessible rear gardens. These gardens were very pleasant and featured planted areas, paved areas, sensory and decorative features and lighting. There were laundry facilities in each house for residents to use and there were refuse collection services supplied by private contractors.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were being supported, and residents had choice around food shopping and preparation, and residents were offered choice at mealtimes.

Inspectors visited the kitchens in both houses. These were well equipped, and food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage, and inspectors saw that both refrigerators, freezers and dry stores were well stocked. Residents did not choose to get involved in cooking their meals, but as the kitchens and dining rooms were open plan, they were often present while meals were being prepared. Inspectors observed staff preparing meals. These were freshly prepared and appeared wholesome and nutritious. The person in charge also showed inspectors daily records of meals provided to each resident and these also showed that a nutritious and varied diet was being provided. Staff were knowledgeable of residents' assessed needs.

Judgment: Compliant

## Regulation 20: Information for residents

There were good arrangements in the centre to ensure that residents were supplied with information.

The provider had produced a guide for residents. An inspector read the residents' guide and found that it was informative and contained all of the information required by the regulations. Other information that was relevant to residents was provided in user friendly formats. This included relevant information such as how to make a complaint, and photos to identify the management team.

Judgment: Compliant

## Regulation 27: Protection against infection

Overall, there were good measures in place in both houses in the centre to protect residents from infection, although laundry protocols required improvement in one house. On the day of inspection both houses found to be clean, tidy and well maintained throughout.

Both houses were maintained in clean hygienic conditions throughout. Inspectors also noted that surfaces were in good condition, were readily cleanable and were well maintained, which reduced infection control risks. Hand sanitising gels were available for residents, staff and visitors to use. There were colour coded cleaning systems in place in both houses and there were suitable storage areas for cleaning equipment. However, in one house in the centre a laundry protocol or guidance document was required to manage potential infection control risk. In one house there was a separate external laundry room which was clean, secure and well maintained. In the second house the washing machine and tumble drier were in the main kitchen. However, there was no guidance available to staff to prevent the risk of cross contamination between soiled laundry and food being prepared. This had also not been identified as a risk in the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were effective measures in place to safeguard residents, staff and visitors from the risk of fire.

Inspectors reviewed records of fire drills, equipment servicing, personal evacuation plans and staff training and fire safety checks in the centre. Training records viewed by inspectors confirmed that all staff had attended up-to-date fire safety training. Personal emergency evacuation plans had been developed for each resident. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner. Learning from fire drills was used to inform personal evacuation plans and to identify any areas which could hinder effective evacuation. The person in charge told inspectors of a recent adaptation made to a room entrance as a result of an issue identified during a fire drill. There were arrangements in place for servicing and checking fire safety equipment and fixtures, both by external contractors and by staff, and these were up to date. Fire doors with automatic closing devices were in place throughout the houses to reduce the spread of smoke and fire. Clear fire evacuation information was displayed in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre, and there was also good access to pharmacy services for residents.

Inspectors reviewed the medication management systems and found that safe practices were in place for ordering, receiving, storing, disposing, and administering medicines. Inspectors read the medication records for three residents and found that their medications were being safely managed. Clear information was recorded to guide staff on the administration of medications to residents, both in administration sheets and in additional individual medication management plans. The person in charge showed an inspector the arrangements for the storage of residents' medications including arrangements for disposal of unused or out of date medications. These processes were well managed, secure and safe. Inspectors saw that the person in charge had carried out risk assessments for each resident to establish their capacity to self-administer their own medication and medications were administered in line with these outcomes. In addition, staff had received training in safe administration of medications, and there was an up-to-date policy to guide staff practice..

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Inspectors found that residents who lived in this centre, were involved in a personal plan process that was appropriate and person-centred, and was reviewed annually or as required.

Inspectors viewed all three residents' personal plans and found that comprehensive assessment of their health, personal and social care needs had been carried out, and individualised personal plans had been developed based on their assessed needs. These were of good quality, were up to date, and were informative. The personal plans had been developed with input from the provider's multidisciplinary team. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being reviewed and updated.

Judgment: Compliant

### Regulation 6: Health care

Residents received appropriate healthcare. Residents' healthcare needs were under regular review, and there was evidence that residents could access the services of healthcare professionals as required.

inspectors reviewed all three residents' healthcare files which included records of medical appointments, assessments and plans of care. Detailed plans of care had been developed to guide staff on the management of any identified healthcare needs. Residents could visit medical consultants and general practitioners as required and attended annual health and dental checks. Residents also had access to services such as speech and language therapists and behaviour support specialists, and attended dental appointments in the community. Residents were also advised of national health screening programmes and could attend these as they wished. Inspectors saw examples of a screening check that had been declined.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Inspectors saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. Inspectors viewed the support plans that had been developed for resident who required support to manage their behaviours. These plans was clear and up-to-date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists



who worked with, and supported, residents as required. The centre was adequately staffed to ensure that each resident had the required support at all times. Staff who spoke with inspectors were very clear about the behavior management strategies that were in place to support each resident.

Judgment: Compliant

## Regulation 9: Residents' rights

Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. However, the process for residents to consent to certain activities was unclear and required review.

Inspectors saw that each resident had choice and control in their daily lives. The management team and staff ensured that residents' civil rights were supported. However, There were records of residents' consent for involvement in certain processes such as sharing relevant information, emergency medical treatment and involvement in the provider's social media outlets. However, when inspectors viewed these records, it was unclear as to how residents' views had been sought and how they had agreed to consent to these activities and the provider could not evidence how informed consent had been obtained for these events.

There were systems in place to support residents' human rights. Residents' likes and preferences had been established and were being respected and supported. involvement. All residents were registered to vote and to practice religion as they liked. All residents had passports, and were being supported to take holidays both in Ireland and abroad. Staff supported residents to take control their own money, including use of banks and having access to money for personal shopping.

The provider had both complaints and advocacy processes including access to an external advocacy service. Some residents had encountered problems setting up new bank accounts and accessing online banking. The person in charge told inspectors that residents' have accessed advocacy to help them to address these issues.

All staff in the centre had attended human rights training. They confirmed that the training had not brought about any changes, as a human rights based approach to care was already in place in the centre.

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Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Brook OSV-0004871

Inspection ID: MON-0038276

Date of inspection: 26/05/2025

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider shall review and update the policies and procedures referred to in paragraph (1) in accordance with best practice.</p> <p>To ensure full and timely compliance with Regulation 4, the registered provider has a National Policy Review Group who conduct and carry out structured policy reviews to ensure all policies referenced in Schedule 5 are following current best practices and regulatory standards.</p> <p>A representative from Clare Quality and Compliance sits on the national policy review group, facilitates policy review consultation and feedback stage and provides regular updates on progress and status of national policies under review to the Clare Management Team.</p> <p>The chair of the National Policy group maintains a schedule of all Schedule 5 policies, tracking review dates, prioritizing high-risk and regulatory-sensitive policies and in conjunction with other registered provider representatives ensures all Schedule 5 policies are reviewed, updated and approved by Senior Leadership Team (SLT) prior to circulation to all regions and staff teams.</p> <p>The Training &amp; Quality Enhancement Department ensure all Schedule 5 policies reviewed and approved by the appropriate governance structures are available to all staff in Clare Services.</p> <p>The Clare Training &amp; Quality Enhancement Department will implement a tracking system locally for Schedule 5 policies to flag Policies due review and bring to the attention of the National policy group in advance of review date.</p> <p>Specifically in relation to the following highlighted policies</p> <p>National Policy on Communication with People Supported by Services has been approved by NLT dated 22/05/2025 and is currently available to staff in Clare Services.</p> <p>National Risk Policy &amp; National Policy on Food, Nutrition &amp; Hydration have completed the process of review and will be circulated to staff.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p> <p>The associated risk assessment will be updated to reflect the increased IPC risk related to the location of laundry facilities. This will be further improved in The Brook as follows:</p> <ul style="list-style-type: none"> <li>• The person in charge will develop 1x IPC protocol to guide staff on safe practices for management of laundry to eliminate the risk of cross contamination within the designated center, Protocol will contain: Step by Step guide for staff when managing any laundry within the designated center.</li> </ul> <p>(Completed 09/07/2025)</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary to decisions about his or her care and support.</p> <p>This will be ensured by:</p> <ul style="list-style-type: none"> <li>• Each resident's communication passport will be reviewed and updated to reflect how residents provide and withdraw consent and will clearly outline the process for how the provider and staff teams obtain informed consent.</li> <li>• Feedback on the accessibility of the National social media consent form will be communicated through the relevant channels.</li> </ul> <p>(Completion date: 31/08/2025)</p>	

## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	09/07/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief	Substantially Compliant	Yellow	30/09/2025

	inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/08/2025