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:	No.2 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 May 2025
Centre ID:	OSV-0005129
Fieldwork ID:	MON-0046779

About the designated centre

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

A full-time residential service is provided in this designated centre for a maximum of nine male adults. The designated centre comprises of two houses, less than one kilometre apart, on the outskirts of a town outside Cork city.
One house is a detached bungalow where up to five residents can live. The other house is a detached, dormer-style house which can provide residential supports for up to four adults. Although they are in the same designated centre, the two houses are run separately with each assigned a social care leader and staff team. The person in charge has governance, operational management and administration responsibilities for both houses. The centre is staffed at all times with staffing levels varying based on the number of residents present and their support needs.
Residents in the centre have been diagnosed as functioning in the range associated with moderate to severe levels of intellectual disability, and may including those who are autistic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 May 2025	09:15hrs to 17:00hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

There were seven residents residing in the centre on the day of the inspection. The centre was registered for nine residents and there were two vacancies on the day. The centre was made of two homes that were close to each other on the outskirts of a small town. The inspector met with the person participating in management who brought them to the first house in the centre.

At the first house the inspector met with the team leader of the home. One resident had already gone out for the day. The inspector met with three residents briefly, they seemed content in the house and were busy preparing themselves for the day. Two residents returned later on during the inspection to have their lunch and again briefly interacted with the inspector. They were heading out on their afternoon activity after having their lunch. Staff spoke and interacted with the residents in a kind and respectful manner at this time. Staff were overheard offering choice for the residents' lunchtime meal. Staff were seen to be supporting residents for activities such as going swimming.

In the first home visited the residents' bedrooms viewed by the inspector were well decorated and personalised. There were two sitting rooms in the home for the residents to use. One of these sitting rooms had been recently redecorated and was finished to a high standard. The residents were involved in choosing how the room was redecorated. The dining area was decorated with balloons and decorations as a resident had recently celebrated a birthday.

The inspector visited the second home in the designated centre during the afternoon of the inspection. This house had grabs rails on each side of the hallway, hoists for residents and a recently renovated bathroom to ensure that they were more accessible to the residents. The inspector met with the three residents here. One resident was organising items they had collected in the sitting room. Two residents were out with staff but when they returned they came to greet the inspector. One resident interacted with the staff and the inspector in a jovial manner. The residents room were well decorated and had new furniture in them. Bedrooms were personalised for residents with their personal items on display. Staff in this home were again seen to be supportive to the residents and interacted in a kind manner with them.

Both homes had adequate space for the residents. Staff in the centre explained the different areas throughout the centre that each resident liked to use. Each resident had their own private space to use if they so needed. The outdoor areas in the centre were well maintained and could be used by residents in better weather.

It was clear in both homes from staff interaction and speaking to staff members that the staff had created positive relationships with the residents. Staff and resident interactions were seen and heard to be kind and patient and attentive to the residents needs. From conversations with staff it evident that they knew the

residents well being able to describe their likes and dislikes and also describe their assessed needs.

The inspector also viewed documentation in the centre. This documentation was well maintained and easily accessible for the inspector. Documents showed that there was a review process in place and had been reviewed. Staff were aware of how to access legislation and guidance information required for their roles. This documentation will be further discussed later in the report.

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

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre, and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and overall there was evidence that the management of this centre were maintaining oversight and that these individuals maintained a strong presence in the centre.

Staffing levels were maintained in the centre to ensure the residents could be supported to undertake the activities they wanted. Residents said they received good support from the staff. The staff team were knowledgeable of the residents' needs when they spoke with the inspector.

Staff were provided with training suitable to their roles and training needs were being monitored. Two staff had not received training in the communication methods used by one of the residents, this is discussed further in the report. The management team were responsive on the day of the inspection and booked places on this training programme for both members of staff. There was a supervision schedule in place for staff to support them in their roles. The staff team had access to the regulatory and legal information that they may require for their roles through an online platform and described to the inspector how they might access this information when required.

Regulation 15: Staffing

The registered provider had ensured that there was the number, qualified and skill mix of staff to meet the needs of the residents and the statement of purpose. The staff team was suitable for the size and layout of the homes also. The person in charge maintained a planned and actual staff rota and this was made available to the inspector on the day of the inspection.

The members of the staff team that were met on the day were knowledgeable of their roles and the needs of the residents. Staff interacted respectfully and in a kind manner with residents.

Staff files in relation to Schedule 2 of the regulations were not examined during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to support residents. These included training in mandatory areas such as safeguarding of vulnerable adults, fire safety and manual handling.

The person in charge had a training matrix in place which was subject to regular review. Mandatory training and refresher training in these areas had be completed and future training dates secured for updating training. Two staff members had not received training in a sign language system that a resident was seen to use during the inspection, this training was require to support the resident. Staff were aware of certain signs the resident used but had not received the accredited training as a requirement identified by the provider. Training in this area for staff members was arranged for the weeks following the inspection.

The person in charge had ensured that the staff members in the centre were appropriately supervised. Supervision sessions had taken place this year and there was a plan in place to complete supervisions session throughout the rest of the year.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured there was a suitable governance and management structure in place for the designated centre. This ensured there were systems in place to monitor the quality and safety of the service provided to the residents. There was a management structure in place, with staff members

reporting to the person in charge who had the support of a team leader in both houses of the centre. The person in charge also had the support of a more senior manager in their role.

There was an audit schedule which was monitored on a quarterly basis. Audits completed in the weeks preceding the inspection included a fire safety audit, clinical medication audit and a quarterly oversight tool for the designated centre. The six monthly unannounced provider visits were being undertaken with two of these visits being completed in the last 12 months. Actions plans identified from these audits were seen to be reviewed and complete.

The designated centre's annual review of the quality and safety of care and support in the designated had been completed in March 2025. The annual review was made available to the inspector. The annual review contained surveys from the residents and also from their family members. The highlights of the residents here contained information on what they did for the year and their accomplishments.

Staff members were part of staff meetings on a fortnightly basis which discussed topics in relation to the quality of service provided. Staff discussed topics including safeguarding, communication in the centre, training and learning form incidents. Staff had an opportunity to raise concerns at these meetings.

Judgment: Compliant

Quality and safety

The premises layout supported the assessed need of the residents and enabled the residents to be as independent as possible. The premises were well maintained and it was evident that areas had recently undergone redecoration.

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they wished to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents had goals for the year created and these goals were realistic and reviewed. Risk was well managed in the centre and measures were in place for safeguarding of residents. Residents had positive behaviour support plans in place when they required support in this area.

The registered provider had systems in place for safeguarding concerns to be managed and reported. Staff spoken with were aware of their responsibilities in this area. Documentation was provided to show how residents were kept safe and staff were knowledgeable of this documentation.

Regulation 10: Communication

The registered provider had ensured that residents had access to access to telephones, television, radio and Internet. Residents were using this technology to remain in contact with the people that were important to them. Assistive technology was available to residents to help them communicate. The staff described applications on smart devices that residents used for this.

The person in charge had ensured that residents had accessible information available to them. This information was contained in their personal plans and also information on such topics as safeguarding was available in an easy to read format. The person in charge had created communication passports for residents in their personal plans. These communication passport contained information such as a communication dictionary for each resident and guidance on how to communicate with each residents.

All staff had not received training in relation to one resident's communication needs and this is discussed under Regulation 16 Training and staff development.

Judgment: Compliant

Regulation 17: Premises

The designated centre was made of two homes located close together. Both homes were spacious and allowed residents adequate private and communal space. Both homes had suitable storage for residents personal items. Both homes were well decorated and it was evident from residents' meetings that residents had an input on what was chosen when decorating the homes. Residents in one of the homes had handrails along the corridor on both sides to assist their mobility. Residents also had accessible bathrooms and equipment to aid their mobility when required. Both homes had adequate outdoor space that could be used for the residents. The gardens were well maintained and artwork had been created which was meaningful to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Three of the residents' support plans were reviewed by the inspector. The person in charge had ensured there that was a comprehensive assessment completed of health, personal and social care needs of all residents. The assessments and

personal plans had been reviewed in the previous 12 months. The personal plans for residents had accessible information in an easy to read format available. The personal plans contained information on how the residents wished to be supported in their daily reviews. The multidisciplinary team had reviewed each residents' support and there was evidence of an annual meeting of this team to review each resident.

Residents had evidence of goals they had completed in the previous 12 months. This document was call a review of the year for residents and showed that residents had gone on holidays and had attended wellness and spa days throughout the year. Residents' goals that had been planned had been clearly documented along with how these goals were to be achieved. There was evidence that meetings had taken place to review the residents' goals with them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to positively manage their behaviours. Residents were supported with their mental health and had access to positive behaviour support specialists as required.

Positive behaviour support plans that were viewed for residents were seen to be detailed, up to date and provide guidance to staff working in this area. These behaviour support plans contained information on how to manage the persons environment and to teach skills that may assist a resident with positive behaviour. The reports also detailed how residents may be supported if they are upset or frustrated. These plans were seen to be reviewed as part of the overall review of residents' support plans.

Restrictive practices were reviewed and sanctioned by the rights review committee of the organisation. Restrictive practices were kept to a minimum and it was evident that local management reviewed these restrictions regularly.

Judgment: Compliant

Regulation 8: Protection

The register provider had good arrangements in place to ensure that residents were being protected from abuse in the centre. All staff working in the centre had received training in the area of safeguarding. Safeguarding was discussed at staff meetings that took place regularly in the centre. Safeguarding issues in the centre were investigation and reported to the relevant bodies.Staff spoken with were aware

of how to raise safeguarding concerns and were able to identify what types of abuses that could occur for residents. There was one safeguarding plan open in the centre and staff spoken with were aware of this. Residents had accessible information available to them in relation to safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that the residents in the centre were involved in the running of it. Residents' achievements and opinions had been captured in the designated centre's annual review. Resident's meetings were taking place regularly in the centre where complaints and safety for residents was discussed.

The inspector saw that staff treated residents with dignity and respect in the centre while the inspector was present. Staff spoke respectfully about residents and residents' information was seen to be stored in closed presses and office spaces. Residents had access to communal spaces and had private space available to them for engaging in activities which they wished to do so in private. Information on advocacy was available to the residents throughout the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management documentation had been reviewed in the previous 12 months. The registered providers risk management policy contained the measures and actions in place to control the specific risk identified in the regulation. Risk control measures in the centre were proportional, with a emphasis on respecting the residents' rights and autonomy. Residents had specific risk management documentation which were personalised to the residents needs.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 26: Risk management procedures	Compliant

Compliance Plan for No.2 Brooklime OSV-0005129

Inspection ID: MON-0046779

Date of inspection: 27/05/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will continue to keep the training matrix updated and has ensured that the two staff members who had not received training in a sign language system required to support a resident, are facilitated to do this as soon as possible. One staff completed this training on 5th June 2025 and the second staff is scheduled to attend training on 4th September 2025.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	04/09/2025