



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	02 June 2023
Centre ID:	OSV-0005145
Fieldwork ID:	MON-0040104

About the designated centre

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

No.3 Brooklime consists of a detached bungalow located on the outskirts of a town and within close driving distance to a city. The centres provides residential care for a maximum of five female residents, over the age of 18, with intellectual disabilities including those with autism who have multiple/complex support needs that may require support with behaviours that challenge. While some residents live in the centre full-time, on some nights other residents avail of the centre on an alternating basis. Each resident has their own individual bedroom and other rooms in the centre include a kitchen, a dining room, a utility room, two living rooms and a staff bedroom-office. Support to residents is provided by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Friday 2 June 2023	09:10hrs to 16:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The premises provided for residents to live in was generally seen to be well-presented although some maintenance and cleaning was needed in some areas. Staff members on duty engaged very pleasantly with the residents. From the inspector's time in this centre, it was evident that it was a busy centre.

This designated centre had a maximum capacity for five residents. On arrival at the centre at the start of this inspection, which was focused primarily on the areas of infection prevention and control (IPC), three residents were present. None of these three residents engaged with the inspector at this time. A fourth resident had already left the centre to attend day services. Another resident, who did not reside in the centre on a full-time basis, was due to return to the centre later in the afternoon. It was observed during the initial stages of the inspection that things were busy in the centre with two of the three residents present preparing to go to day services.

The third resident was receiving their day service from the centre although it was indicated that they did go on outings and was in the process of being integrated into a day service operated by the same provider in another location. Each of these residents were provided with one-to-one staff support. Staff members spoken with said that all five residents availing of this were provided with such staff support. As a result this meant that up to ten people could be in the centre at any one time. Some staff indicated that this might not suit the needs of all residents and that one resident in particular could become more vocal because of this. It was also highlighted that one resident was on a risk forum due to previous safeguarding concerns with a peer.

On account of this it would be the intention for the resident to move to another setting if a suitable placement became available. In response to such safeguarding concerns and residents' needs, the inspector was informed that a specific shift planner had been introduced to give residents structure in their day and reduce the potential for negative resident interactions. This shift planner though had been referred to the provider's rights' committee to review its impact on residents with the outcome of this review awaited. Given the needs of residents living in the centre and the potential number of people that could be in the centre, it was indicated to the inspector that some residents stayed in the centre on an alternating basis so that all five residents would not be together in the centre most nights.

The provider was also considering extending the existing premises provided for this centre. This would involve keeping the maximum capacity of the centre at five but subdividing the centre in two. It was highlighted to the inspector that the centre had been temporarily subdivided previously to facilitate some electrical works and that this subdivision had worked well for residents. During the previous Health Information and Quality Authority Inspection (HIQA) inspection that was completed in July 2022, the provider was in the early stages of reviewing the premises

provided for residents. At the time of the current inspection the premises was still under review and a plan for extension works had not been finalised.

As the morning of this inspection progressed, the three residents who had been initially present all left the centre. As such the inspector used this time to review the premises primarily from an IPC perspective. The premises in general was seen to be presented in a homelike manner and each resident having their own individual bedrooms which were well furnished and brightly decorated. It was noted though there was variance in the size of some resident bedrooms with the smallest resident bedroom being less than half the size of the largest resident bedroom. Other than these bedrooms the premises had communal areas including a two living rooms and a dining room while residents had access to a garden.

Separate kitchen and dining rooms were also provided for along with a separate utility room where clothes were laundered with washing and dryer machines present. Some food was also stored in the in this utility room. Overall, the premises was reasonably maintained and it was observed that since the previous HIQA inspection in July 2022, new kitchen worktops had been installed. Some areas were noted where some wear and tear was evident though. These included some couches being worn and some walls being marked.

Aside from such maintenance issues, the inspector also observed some areas of the premises that needed some further cleaning. These were an en suite bathroom off the staff bedroom-office and another bathroom that was used by residents. In the latter bathroom the inspector observed a black substance in some of tile grouting of the shower area while a ventilation fan on the ceiling was visibly duty. Beyond these bathrooms though, the premises provided for residents to live in was seen to be clean in general on the day of inspection.

In the afternoon four residents returned to the centre while one of the residents whom the inspector had met in the morning had gone back to their family for the night. The residents who came back were initially supported with their meals. Some then left the centre, including one who was collected by a family member, while others remained in the centre relaxing. Throughout this afternoon period, it was particularly apparent that the staff members present engaged with residents in an extremely warm and pleasant manner. This included one staff member singing to a resident and another staff member supporting the same resident to show the inspector their life story book.

Such interactions contributed to the general atmosphere in the centre in the afternoon being calm and sociable. As with the morning time, there were sometimes observed in the afternoon where things were busy in the centre and none of the residents present engaged with the inspector. On occasion the inspector did overhear some vocalisation by one resident but these were short and intermittent. As the inspector was leaving the centre, two residents were in the centre relaxing in separate living rooms. It was indicated by a staff member that once all residents returned to the centre after this, they would all be going out on a group outing.

In summary, residents did not engage with the inspector but were supported by

staff in a person-centred way. Residents had their own individual bedrooms which were well presented and, in general, the premises where they lived was reasonably presented. However, some areas were seen where further cleaning or maintenance was required.

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

Structures were in place within the provider for IPC related concerns or updates to be raised and shared. Most staff working in the centre had undergone relevant IPC training. IPC practices in the centre were being monitored.

This designated centre was registered until December 2025 with no restrictive conditions. The centre had last been inspected by HIQA in July 2022 where it was found that residents were supported to engage in meaningful activation in a safe environment and to maintain relationships with family members. Regulatory actions were identified on that inspection and during an October 2021 inspection under Regulation 27 Protection against infection. This regulation requires providers to adopt practices that are consistent with the 2018 National Standards for infection prevention and control in community services. In October 2021 HIQA started a programme of inspections focused on Regulation 27 and IPC practices. As such the current inspection was focused on these areas with areas of attention including how staff were supported and informed around IPC practices in the centre.

Staff team meetings took place regularly in this centre. The inspector reviewed notes of such meetings from 2023 and read that topics related to IPC, such as cleaning, the centre's isolation plan and IPC training, were regularly discussed at these meetings. Staff members spoken with during this inspection were generally knowledgeable around IPC practices. Records provided indicated that most staff had completed relevant IPC training in areas such as the 2018 national standards, hand hygiene and personal protective equipment (PPE). It was noted though that two staff were not listed as having completed hand hygiene training while one of these staff had not completed training in the 2018 national standards.

These standards were used to inform the provider's own guidance for the prevention and management of COVID-19, influenza and other respiratory illnesses. This guidance had been recently updated and was developed by the provider's national IPC governance team. This team, which met every six weeks, included representatives from all of the provider's areas across Ireland including Co. Cork. It was initially indicated to the inspector that there was a local IPC group for the provider in Cork although it was later clarified that this group no longer met. It was highlighted though that an IPC lead was in place for the Cork region and that IPC

was an agenda topic at various meetings that took place involving the management of this centre. Any updates from the national IPC governance team were shared during such meetings.

It was also indicated that any IPC concerns related to this centre would be communicated through the organisational structure that had been established for this centre. Aside from such areas, the provider had ensured that monitoring systems were in use to assess IPC practices on a systematic basis. These included completing regular self-assessments and monthly IPC audits. These audits covered areas as cleanliness and training and did highlight areas in need of improvement. Where such areas were identified an action plan was put in place in response to these which assigned time frames and responsibilities for addressing these. Similar action plans were place for specific visits to the centre by a representative of the provider.

Reports of such visits were provided during this HIQA inspection which indicated that Regulation 27 was assessed during these visits by a representative of the provider. Under relevant regulations, these visits should be unannounced and take place every six months. However, between March 2022 and January 2023 no such visit took place and while a more recent visit did take place in April 2023, notes of a staff team meeting earlier that month suggested that there was advance knowledge as to when this visit was to take place. Conducting provider visits to a centre in this way would not be consistent with Regulation 23 Governance and management. As Regulation 23 was not assessed during this IPC focused inspection, further assurances regarding provider unannounced visits were requested from the provider outside of this inspection.

Quality and safety

The centre's contingency plan had been updated since the previous inspection. Some PPE was present in the centre that had either expired or passed its stated validity period. Cleaning schedules were provided for the centre.

Within the centre, some facilities were provided for which supported and encouraged IPC practices. These included the presence of foot pedal operated bins, hand hygiene signage being on display and the availability of cleaning supplies and hand sanitiser. The centre also had stocks of PPE in place including gowns, face masks and gloves. The inspector reviewed a sample of such PPE and noted that the majority of those reviewed were in date. However, the inspector did note five gowns that had a production date from June 2020 and a stated validity period of two years while nine boxes of gloves had passed their expiry dates in recent months. Most of these gowns and gloves were not in use although one box of the gloves was open and present in a prominent location on the day of inspection in the centre's utility room.

As mentioned earlier in this report, while some areas were noted in the centre that

needed further cleaning or maintenance, overall the premises provided for residents was seen to be well presented. Specific cleaning schedules were provided for both day and night outlining specific rooms and items in the centre that were to be cleaned on a daily, weekly or monthly basis. The inspector reviewed cleaning records of the centre in recent months and saw that in the majority of days and nights, the scheduled cleaning was recorded as having been done. Some occasions were noted though where scheduled daily cleaning was not indicated as being completed. A staff member spoken with acknowledged such gaps but stressed that all cleaning was done as scheduled and that on some days staff were so busy supporting residents that they did not always get to record the cleaning that was done.

Signage around cleaning and disinfecting were present in the centre while there was also some direction around cleaning in the centre's IPC outbreak contingency plan. Having such a plan is important to set out the response to an outbreak of an infectious disease. At the previous HIQA inspection in July 2022 it was highlighted that Improvements was required to ensure that the contingency plan in place provided clear guidance for the isolation supports needed by each resident. The contingency plan had been updated since then and included more information in this regard. It was indicated to the inspector that the provider was in the process of updating this contingency plan again. Staff members spoken with during this inspection were also knowledgeable around the isolation steps to follow in the centre if required. Such staff also displayed a good awareness around the potential signs and symptoms of COVID-19 to look out for.

It was indicated by staff members that they reminded residents to complete hand hygiene while support had also been given to some residents to improve their independence around aspects of personal care. Residents' meetings took place in the centre on a weekly basis. The inspector reviewed a sample of such notes from recent months and read that matters such as activities and human rights were regularly recorded as being discussed with residents. The monthly IPC audits completed in the centre indicated that hand hygiene and cough etiquette were discussed at these weekly meetings. However, from the sample reviewed, the inspector did not note any reference to such matters being discussed. It was acknowledged though that the residents in this centre did have particular needs which could make meaningful engagement on such matters harder to achieve.

Regulation 27: Protection against infection

IPC practices in the centre were being implemented, monitored and reviewed but areas for improvement were identified during this inspection. These included;

- Some PPE was present in the centre that had either expired or passed its stated validity period
- On occasion scheduled daily cleaning was not recorded as having been completed

- Further cleaning was needed in two bathrooms in the centre
- Some couches were worn and some marks were evident on walls
- Two staff members were not listed as having completed hand hygiene training while one of these staff had not completed training in the 2018 national standards

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for No.3 Brooklime OSV-0005145

Inspection ID: MON-0040104

Date of inspection: 02/06/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Person in Charge has ensured a staff member will review PPE monthly going forward, this is included on First aid/ PPE checklist. 16/06/2023. • The Person in Charge has reviewed the daily and night cleaning schedule with the staff team on the 14/06/2023, also discussed the importance of initialling completed cleaning duties. The Person in charge will review weekly to ensure governance. • The Person in Charge has ensured a quarterly deep clean took place on 14/6/2023 and 15/06/2023 in the Designated centre, the centres cleaning roster has been reviewed to ensure all areas of the bathrooms are cleaned. Completed 16/06/2023. • The Person in Charge has reviewed the Furniture within Designated centre and procurement of furniture needing to be replaced will be complete by 30/6/23 • The Person in Charge shall ensure all staff members will have AMRIC Hand hygiene and National standards 2018 training completed by 30/6/2023. This will identified on the centres training matrix. <p>The Person in Charge in consultation with the Staff Team will ensure that hand hygiene and cough etiquette are discussed on regular basis at resident meetings. The IPC audit will be reflect actual arrangements in this regard.</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	30/06/2023