

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rowan Services
<b>Centre ID:</b>	OSV-0004957
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Galway
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

From: 17 August 2016 10:30 To: 17 August 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the Inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with residents, staff members, examined the premises, observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met and interacted with six residents during the inspection, in addition to three staff and two members of the management team. The inspector also

reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) during the inspection. Feedback from residents and relatives indicated a high level of satisfaction with staffing, social care and the living accommodation. Residents also told the inspector that they liked living in the centre and felt safe there.

#### Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. There were two large detached houses in this centre. The houses were located in rural settings. The service was available to ten adult men and women with an intellectual disability.

#### Overall judgment of findings:

During the inspection, the inspector found a good level of compliance with the regulations, with fourteen of the outcomes reviewed being assessed as compliant and one as substantially compliant. Three outcomes were judged as moderately non compliant. However, the provider had not maintained systems to ensure that all the regulations were being consistently met. This impacted on the quality of life of residents in some cases, the details of which are described in the report. The inspector found that this had resulted in:

- inadequate assessment to ensure that all residents' social care needs are being met (outcome 5)
- inadequate safeguarding measures which could expose residents to risks of peer to peer abuse (outcome 8)
- some required notifications not being notified to HIQA (outcome 9)
- some resident not compatible with others in the service (outcome 14)

#### Good practice was identified in areas such as:

- residents' rights, dignity and consultation were supported (outcome 1)
- residents were supported to communicate (outcome 2)
- positive relationships with family and friends was promoted (outcome 3)
- residents had suitable service contracts (outcome 4)
- safe and suitable premises (outcome 6)
- health and safety (outcome 7)
- general welfare and development (outcome 10)
- health care (Outcome 11)
- general welfare and development (Outcome 12)
- statement of purpose (outcome 13)
- absence of the person in charge (outcome 15)
- suitable resources were available to support residents' needs (outcome 16)
- sufficient staff on duty to deliver care to residents (outcome 17)
- suitable records were being retained (outcome 18)

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were consulted in how the centre was planned and run, and they had access to a suitable complaints process.

There were weekly residents' meetings held in each house at which residents could make plans and discuss issues of importance to them. The inspector read minutes of the meetings, which showed that residents had discussed personal events, activities and plans, and their meal choices for the coming week. Residents were also involved in light household activities in accordance with their wishes and abilities.

There was a system for recording and reviewing complaints although the number of complaints made in the centre was low. The complaints procedure was displayed. There was a complaints policy available to guide staff. Residents told the inspector that they would talk to staff if they had any complaints or worries and they felt confident that they would be addressed.

Residents had access to advocacy services and contact details were clearly displayed.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms with sufficient storage space and they could lock their bedroom doors if they wished to. Residents had their rooms decorated with photographs, pictures, trophies and personal belongings.

An intimate personal plan had been developed for each resident to ensure privacy and dignity was being respected during the delivery of intimate care.

Residents' civil and religious rights were supported. All residents were registered to vote and staff accompanied them to the local polling station if they chose to do so. At the time of inspection Roman Catholicism was the only religion being practiced in the centre and staff accompanied any residents who wished to go to Mass, to visit the church to light candles and to visit family graves. Mass was also celebrated in the centre several times each year and residents and their relatives could attend.

The inspector found that residents' finances were managed in a clear and transparent manner. Residents' personal money was securely stored and was accessible to residents whenever they needed it. Transactions were clearly recorded and signed, and receipts for purchases were maintained.

**Judgment:**  
Compliant

### **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector found there were communication systems in place to support residents.

Systems, including pictorial supports, cues and communication plans, were in place to enhance communication with residents. Further supports, such as colour contrasting, suitable lighting and provision of an appropriately coloured floor surface, were provided based on the recommendations of experts on visual impairment. Specially adapted telephones were available to allow some residents to make phone calls independently. English lessons had been arranged for a resident whose first language was not English or Irish.

Some staff had training in intensive communication techniques.

There was information for residents displayed in accessible format in the centre, including information on the complaints and advocacy procedures, and the weekly meal planner. There was also a pictorial chart, in suitable format, showing the staff on duty at any time and this was accurate for the time of inspection.

All residents had access to televisions, radio, newspapers, magazines, postal service, reading material and internet. A television channel in a resident's first language had been sourced to provide suitable media access to this resident.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

Residents who lived in the centre were supported to maintain relationships with their families and friends, and were encouraged and supported to interact in the local community.

Residents visited and regularly stayed with family members. Residents told the inspector that they had good relationships with their family and friends and spoke of many family outings, holidays and events. Families and friends of residents could visit at any time and also came to the centre for organized events. For example, there had recently been a Mass, followed by a meal in one of the houses to which families had been invited.

On most weekdays, residents visited a day service where they had the opportunity to meet and socialize with friends.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and amenities in the local area. For example, during the inspection, one resident had been to the hairdresser while another went out to his favourite restaurant for lunch.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge stated that contracts for the provision of services had been agreed with all residents. The inspector reviewed some contracts and found that they were informative and reflected the service provided and fee incurred. The contracts viewed had been signed by both the resident or their representative and a representative of the provider.

There was a policy to guide the admission process. The person in charge was aware of the importance of suitable assessment prior to admission.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

This outcome was not examined in full during this inspection, but an issue arising from the last inspection was reviewed. During the last inspection this outcome was found to be substantially compliant but there was some improvement required to the implementation of one personal plan. On this inspection this was found to have been suitably addressed. However, an additional required improvement to social care was

identified during this inspection.

During the last inspection, the inspector found that while the identified goals of residents had generally been successfully achieved, there was no evidence that the goal of one resident had been progressed by the person in charge. On this inspection, the inspector reviewed this plan and found that this goal had been further assessed and that a solution acceptable to the resident and the resident's representatives had been reached.

On this inspection, the inspector found that, although a good level of social care was being maintained, social planning for days that residents were not attending day services required improvement. Each resident had a personal day during the week when he or she did not attend day service but stayed in the house and had individual support from a staff member. On these days residents did personal things such as attending medical or healthcare appointments, visiting the hairdresser, going out for lunch, shopping or any other activity that they wished to do.

While the personal days were beneficial to residents, it required further development to ensure that residents had interesting things to do during time spent in the centre. It was noted during the inspection that there was inadequate planning for residents to participate in activities that interested them, while in the house during their personal days. The person in charge acknowledged that this need had been identified but had not yet been progressed.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed during this inspection as it was examined at a previous inspection in January 2016 and was found to be compliant.

During the previous inspection, the inspector found that the centre was clean, comfortable and was well maintained both internally and externally. On this inspection this standard continued to be evident.

<p><b>Judgment:</b> Compliant</p>
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<p><b>Outcome 07: Health and Safety and Risk Management</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> This outcome was not examined in full during this inspection, but an issue arising at the last inspection was reviewed. During the last inspection this outcome was found to be substantially compliant but there was some improvement required to information in the emergency plan. On this inspection this was found to have been suitably addressed.</p> <p>During the previous inspection the inspector found that arrangements for alternative accommodation in the event of evacuation were clearly outlined in the emergency plan for one house, but not in the other. Since then, the person in charge has reviewed the emergency plan and included this information.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 08: Safeguarding and Safety</b> <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> This outcome was not reviewed in full during this inspection as it was examined at a previous inspection in 2016. During the previous inspection the inspector found that</p>

measures were in place to protect residents from being harmed or abused. During this inspection, the inspector found that improvement was required to the compatibility of residents to ensure that residents were protected from the risk of peer to peer abuse.

As discussed in the previous report of January 2016 under Outcomes 14, it had been recognized that some residents living in one house were not compatible to live together. Staff and the person in charge outlined the way a resident's behaviour was impacting on another resident. This was also recorded in the centre's incident records.

Several supports were in place to manage this issue, such as multidisciplinary input and reviews, behaviour management planning, staff training in managing behaviour that is challenging and use of de-escalation and intervention techniques. However, this behaviour continued to impact consistently on the quality of life of a resident.

While it was evident that the organization was taking this issue seriously, sufficient measures had not been sourced to support all residents involved.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. Quarterly returns had been notified to HIQA as required although some incidents requiring immediate notification had not been submitted.

During the course of the inspection, the inspector found that some residents living in one house were not compatible to live together which gave rise to consistent peer to peer psychological abuse occurring in this house. Although these events were being recorded in the centre's incident records, they had not been notified to HIQA as required.

**Judgment:**

Non Compliant - Moderate

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to participate in education and training to assist them to achieve their potential and had opportunities for new experiences and to develop further skills.

Residents were involved in household tasks, such as baking, laundry and housekeeping. During the inspection, the inspector observed residents assisting in making a meal.

There were a range of developmental and social opportunities available to residents in both the day service and the local area. For example, residents attended classes such as music, art, computer skills, creative writing and independent living skills. Some residents had art work displayed in a local art exhibition, while another had a booklet of her thoughts published.

Some residents enjoyed and participated in sport. One resident was involved in the Special Olympic. Another enjoyed walking, was training weekly and had participated in several events.

Some residents also participated in volunteer work in the community, such a work with the Tidy Towns project and making decorative flags for a local festival. One resident had recently commenced part-time work in a local business.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed during this inspection as it was examined at a previous inspection in January 2016 and was found to be compliant. During that inspection, the inspector found that residents' health care needs were met and they had access to appropriate medical and healthcare services.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

This outcome was not fully examined during this inspection but was reviewed in respect of areas where improvement was required at the last inspection.

During the last inspection, the inspector found that improvements were required in relation of administration, discontinuation and disposal of medication and on this inspection these had been suitably addressed.

The inspector reviewed a sample of prescription and administration charts and found that discontinued medications were suitably verified by the GP. In addition, the process for the recording and disposal of unused and out of date medication had been reviewed and updated to ensure that the system was safe and traceable.

Since the last inspection of the centre, revised guidance around the criteria for administration of prescribed medication had become available. During this inspection, the inspector found that staff administered medication that was suitably prescribed and verified by the GP in line with this guidance.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The statement of purpose contained the information required by Schedule 1 of the regulations.</p> <p>The inspector read the statement of purpose and found that it was up-to-date, described the centre and reflected services and facilities provided.</p> <p>The person in charge was aware of the need to keep the statement of purpose under review and did this annually.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 14: Governance and Management</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> This outcome was not fully examined on this inspection but was reviewed in respect of areas where improvement was required at the last inspection in January 2016.</p> <p>During the last inspection, the inspector found that, although a good standard of governance and management was evident, improvements were required in relation to the compatibility of residents in one part of the centre and to medication auditing. On this inspection the inspector found that this had been addressed in relation to auditing and partially addressed in relation to compatibility of residents.</p>

The inspector reviewed the medication auditing system and found that it had been improved. Monthly audits of the medication system were undertaken in each house by staff, and the person in charge carried out a monthly review of all medication in use in the centre. The person in charge carried out an additional annual medication audit. A high level of compliance was noted in all audits. The person in charge had recently arranged for a pharmacist to come to the centre to undertake quarterly audits of medication management and this was due to commence in the coming weeks.

The person in charge and staff acknowledged that the compatibility of residents required improvement and the inspector found that measures were being taken to address this. The person in charge, the management team and the multidisciplinary healthcare team had undertaken assessments and were keeping this issue under review.

**Judgment:**  
Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge and these were found to be effective during the last inspection when the person in charge was not available.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There were vehicles available at the centre to transport residents when they wanted to go out.

The inspector found that the centre was suitably staffed and there were sufficient staff available to care for residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

This outcome was not fully examined during this inspection but was reviewed in respect of recruitment documentation as this was an area for improvement at the last inspection.

On this inspection, the inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. As part of this inspection the inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the regulations such as employment histories, suitable references, photographic identification and Garda vetting.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that records required by the regulations were being maintained.

During the course of the inspection, a range of documents, such as the residents' guide, directory of residents, accident and incident recording system, staff recruitment files and residents' personal plans were viewed and found to be satisfactory. All policies required by schedule 5 of the regulations were available.

All the required documents and records requested by the inspector were promptly made available. Records were orderly and suitably stored.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

Centre name:	Rowan Services
Centre ID:	OSV-0004957
Date of Inspection:	17 August 2016
Date of response:	08 September 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Some residents' personal plans required further development to ensure that residents had interesting things to do during time spent in the centre. There was inadequate planning for residents to participate in activities that interested them during days in the centre.

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

**1. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Arrangements for the Service users to engage in activities are being reviewed by the PIC, Team leader and staff in conjunction with the service user group. A written plan will now be put in place for each Service user who remains at home from their day programme one day each week.

**Proposed Timescale:** 14/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Sufficient measures had not been implemented to ensure that residents were protected from the risk of peer to peer abuse.

**2. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Ongoing close supervision of service users continues and an updated supervision protocol is in place.

Our Designated person has reviewed the incidents and while no one of the incidents would give rise to a Client Protection 1 having to be completed he felt that we needed to complete a CP1. This has been done and the necessary NF06 has been submitted to HIQA on 2/9/16.

- Risk assessments have been completed, behaviour support plans are in place and regular mental health reviews are in place. Regular multi-d reviews are also in place so that peer to peer abuse is minimised and managed while we await a conclusion to our efforts to manage the incompatibility within the group.
- A meeting of management is scheduled for the 13/9/16 at which we will again look at the options across services to examine possible solutions to these issues. A further meeting is scheduled for 28/9/16 which will include Multi- d personnel.
- A plan will then be drawn up which will include a process of consultation with all Service users and their families who will be affected by the changes which will be made.

**Proposed Timescale:** 31/01/2017

## Outcome 09: Notification of Incidents

**Theme:** Safe Services

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

Consistent peer to peer psychological abuse, occurring in one house, had not been notified to HIQA as required.

### **3. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

This action has now been completed. On review of the incidents by our Designated person it was his decision that a Client Protection 1 form should be completed. This has been done and as a result a NF06 has been submitted to HIQA on 2/9/16. Notifications will be sent in a timely manner should the need arise in the future.

**Proposed Timescale:** 02/09/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

The compatibility of residents in part of this service was not appropriate to some residents needs.

### **4. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Ongoing close supervision of service users continues and an updated supervision protocol is in place.

Our Designated person has reviewed the incidents and while no one of the incidents would give rise to a Client Protection 1 having to be completed he felt that we needed to complete a CP1. This has been done and the necessary NF06 has been submitted to HIQA on 2/9/16.

Risk assessments have been completed, behaviour support plans are in place and regular mental health reviews are in place. Regular multi-d reviews are also in place so that peer to peer abuse is minimised and managed in a satisfactory manner while we await a conclusion to our efforts to manage the incompatibility within the group.

A meeting of management is scheduled for the 13/9/16 at which we will again look at the options across services to examine possible solutions to these issues. A further

meeting is scheduled for 28/9/16 which will include Multi- d personnel.  
A plan will then be drawn up which will include a process of consultation with all Service users and their families who will be affected by the changes which will be made.

**Proposed Timescale: 31/01/2017**