



Office of the Chief Inspector

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

Name of designated centre:	Rowan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	07 August 2019
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0022585

About the designated centre

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

Rowan services comprises of one house which supports residents with a primary diagnosis of intellectual disability to live in the community. The centre can also support residents who may present with behaviours of concern, autism and dementia. An integrated model of care is in place and residents can also access local day services if they so wish. The centre is a two-storey property and the ground floor can also accommodate residents with reduced mobility. The house is located on the outskirts of a village and has two vehicles, one of which is adapted for wheelchair users, and are provided to assist residents in accessing their local communities. A combination of social care workers and care support staff assist residents, with two staff present during daytime hours and one staff member present during night-time hours, with a sleep-over arrangement in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 - 2015 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
07 August 2019	09:05hrs to 17:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

During the inspection the inspector met with four residents who lived at the designated centre. All residents who the inspector spoke with said that they liked living at the centre and they were happy there. Residents spoke about their leisure interests and activities that they enjoyed, including reading the newspaper, listening to music, photography, gardening, going for bus drives, attending day services and going to local cafes. A resident who recently moved into the centre told the inspector that they were very happy living there. Throughout the inspection residents were observed to appear content and comfortable in their environment and with each other. Residents were observed going to, and coming from various community outings supported by staff during the day. The inspector observed warm and caring interactions between residents and staff throughout the inspection. Residents had been supported to complete questionnaires about what it is like to live in the centre. All completed questionnaires were reviewed and indicated that residents were generally happy with the centre, including choices offered, activities engaged in and supports from staff.

Capacity and capability

Overall the governance and management arrangements in place in the centre ensured that residents who lived there received a person-centred service where rights and choices were promoted. The person in charge worked full-time and was found to be knowledgeable about the needs of residents living in the centre. The person in charge was responsible for two other designated centres in the area, and had oversight of the centre supported by a team leader who managed the day-to-day operations.

The inspector found that the levels of staffing and skill mix were suitable to meet the needs of residents. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. There was an out-of-hours on call system in place to provide further supports to staff. Staff who worked in the designated centre received support and supervision from the team leader, and staff who the inspector spoke with said they felt well supported and could raise any issues of concern to the management team. There was a training matrix in place to include mandatory and refresher training for staff. However, the person in charge had not ensured that all staff had timely access to training that was required to support residents as per residents' care plans and risk assessments. For example, some locum staff had not completed training in FEDS, behaviours that challenge and manual handling that had been identified and documented in residents' risk assessments as being required to ensure residents' support needs

were met.

The provider ensured that unannounced visits and an annual review of the quality and safety of care and support of residents was completed as required by regulation. The annual review included the consultation with residents and their families, and action plans had been devised as a result of these audits which identified areas for improvement. There was a system in place for reviews and audits on items including fire safety checks, incidents and risk assessments. However, the inspector found that some improvement was needed with regard to the identification and management of risks in the centre.

There was a statement of purpose in place which contained all the Schedule 1 requirements as per regulations. There was a directory of residents and insurance in place as required by the regulations. The inspector found that all notifications were submitted to the Chief Inspector of Social Services as required.

There was a good complaints management arrangement in place and an easy-to-read version of the complaints process was available to residents. Complaints was discussed regularly at residents' meetings. A resident that the inspector spoke with said he was happy with the service and told the inspector who he would talk to if he had an issue. There were no open complaints at the time of inspection. The complaints process was displayed in a prominent position within the centre and contained details of the appeals process.

Regulation 15: Staffing

The inspector found that the centre was well resourced and that there were suitable staff numbers and skill-mix in place to meet the needs of residents. There was an actual and planned rota in place, which reflected what was being worked on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Support and supervision meetings occurred between staff working in the centre and the team leader. The person in charge maintained a training matrix which identified training requirements for staff. While training had been scheduled for staff, it had not been scheduled within a reasonable time-frame which meant that residents were supported by staff who lacked the knowledge to be responsive to residents' support needs as detailed in care plans and risk assessments. A review of the centre's incidents log showed that residents' support needs as detailed in their care plans and risk assessments were impacted as a result.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents in place in the centre.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had up-to-date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that overall there were good governance and management arrangements in place. Unannounced audits and an annual review of the quality and safety of care had been completed, with action plans implemented to improve the quality of the service. The annual review included consultation with residents and families. The inspector found that some improvements were needed in the risk management systems and in the oversight of training needs of staff working in the centre, to ensure that residents' support needs were met at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for residents, which stated fees to be charged and information about the service to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector as required by regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was displayed in an easy-to-read document and made accessible to all residents. There were no open complaints at the time of inspection. Complaints was discussed with residents at regular residents' meetings, which supported residents to raise any issues of concern. A resident who the inspector spoke with said they would raise any issues they had with the management team.

Judgment: Compliant

Quality and safety

The inspector found that residents' health, personal and social care needs were assessed, and care plans were developed to support residents where required. Residents' personal plans were in an accessible format with goals identified for the coming year, and progress on goals reviewed regularly. Residents and their advocates were included in the annual review process. Residents spoke to the inspector about the various activities that they engaged in, and their plans for the future including an exhibition of their photography.

Residents who required support with expressing their needs had comprehensive communication passports in place which outlined residents' preferred method of communication and their likes and dislikes. This was observed in practice on the day of inspection. The inspector found that residents' rights were promoted and individual choices with regard to how residents plan their day was respected. Residents were involved in the running of the designated centre and the inspector found that residents were supported to understand their rights, including how to

vote and self-advocacy.

The premises had adequate space and facilities for the needs and numbers of residents. The house was accessible, clean, homely and nicely decorated. There was ample space and facilities for residents to engage in activities, such as gardening, receiving visitors, watching television and sitting out in the garden.

Risk assessments were in place for identified risks in the centre and a log of risks was maintained by the team leader and person in charge. Adverse events were assessed and plans were in place to respond to emergency situations. Specific risks which may impact on residents had specific risk management plans in place. However, the inspector found that risk management systems required some improvements to ensure all risks were identified, reviewed in a timely manner and accurate control measures recorded. The management team were in the process of addressing this by the end of the inspection.

Overall the provider ensured residents' safety while staying in the centre. Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read booklet and discussions at residents' meetings. Residents that the inspector spoke with told the inspector what they would do if they had an issue of concern. Staff who the inspector spoke with were knowledgeable about safeguarding and the process to be followed if there was a concern raised. Where restrictive practices were in place the inspector found that these were reviewed regularly to ensure they were the least restrictive and for the shortest duration. Residents were consulted about restrictive practices and kept informed at residents' meetings. Residents who required support with behaviours of concern had comprehensive plans in place which provided information about triggers to behaviour, proactive and reactive strategies and how best to support the resident. However, not all staff supporting residents had been provided with training in the management of behaviours prior to working alone in the centre. A review of incidents that occurred in the centre showed that this had an impact on the delivery of care to residents who required specific supports in managing behaviours of concern. The person in charge put a plan in place by the end of the inspection outlining measures to ensure that in future all staff who work alone with residents would have the necessary training, as identified in residents' risk assessments and care plans.

The centre had systems in place for the detection, containment and extinguishing of fires. Regular checks were completed on fire safety systems. Regular fire drills were carried out and reviewed which ensured that all residents can be safely evacuated with the minimum number of staffing on duty. Laundry facilities had recently been moved to the shed adjacent to the centre, which was also used as a storage area for various materials. The management team advised that a plan was in place to ensure that control measures to mitigate against the risks associated with fire and laundry equipment would be addressed.

Regulation 10: Communication

Residents had communication passports in place which were found to be very comprehensive, and provided good detail about residents likes, dislikes and preferred communication methods. The centre was equipped with radios, televisions and internet access for residents to enjoy if they chose to.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was clean, homely and nicely decorated. There was ample space for residents to relax and partake in in-house leisure activities. Residents had their own bedrooms which were personalised and decorated in line with their wishes. There was a patio and seating area in the back garden for residents to enjoy.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that residents had a copy of the residents' guide, which included all the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place which contained all the requirements of the regulations. There was a risk management system in place for the assessment and review of risks in the centre. However, the inspector found that some improvements were required regarding the identification, assessment and review of risks in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that the centre had systems in place for the detection,

containment and prevention of fire, and regular fire safety checks were completed, Staff received training in fire safety and regular drills were carried out. Residents had personal emergency evacuation plans in place which were found to be detailed in nature and reviewed as required to ensure timely and safe evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there were assessments completed on residents' health, personal and social care needs. Personal plans were developed with residents, and goals identified for the coming year. Residents' individual plans were in an accessible format, with photographs of goals achieved on display in the accessible personal plan. Residents who the inspector spoke with talked about their interests, activities that they take part in and plans for the future.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents who required support with behaviours of concern had comprehensive plans in place that included a multidisciplinary input. Restrictive practices were reviewed to ensure that they were the least restrictive measure for the shortest duration, and all residents were consulted about restrictive practices. Risk assessments and care plans in place had identified the need for staff to be trained in managing behaviours of concern. However, not all staff supporting residents had received training in the management of behaviour that is challenging, including de-escalation and intervention techniques prior to working with residents.

Judgment: Not compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of inspection. Residents had access to an easy-to-read document to support the development of the skills and awareness to self-protect. Residents who required support with intimate care had comprehensive plans in place to guide staff in how best to support with specific care needs.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were promoted and residents' choices about how they spend their day was respected. Residents had the choice to attend a local day service, or if they wished they could remain at home in the centre and do activities of choice there. Residents were involved in the running of the designated centre and the inspector found that residents were supported to understand their rights, including how to vote and promotion of self-advocacy skills.

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 - 2015 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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0022585

Date of inspection: 07/08/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Overall regulation 16 : Training and staff development has been reviewed and systems are now in place to ensure compliance for meeting the requirements of the sub sections of the regulation</p> <p>In order to come in to compliance with Regulation 16 (1)(a) the person in charge will ensure that all staff will receive training in Studio 3 to enable them to have the knowledge to be responsive to residents' support needs as detailed in care plans and risk assessments.</p> <p>Staff who have not completed Studio 3 training are now scheduled to attend this training in September and in October 2019. Staff that do not have this training completed will not work alone in the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Overall regulation 23: Governance and Management has been reviewed and we have systems put in place to ensure compliance for meeting the requirements of the sub sections of the regulations.</p> <p>In order to come into compliance the Regulation 23 (1) (c) the person in charge has updated the risk management systems in the designated centre to ensure that residents' support needs are met at all times.</p> <p>The person in charge has also reviewed all training needs in the designated centre to ensure that staff have the required training to ensure they can support the residents living in the designated centre. Any staff that does not have the required mandatory</p>	

training will not work alone in the designated centre until this training is completed.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Overall regulation 26: Risk management has been reviewed and we now have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation.

In order to come into compliance with Regulation 26 (2) the person in charge has updated all risk assessments in consultation with the team leader to ensure all risks were identified with all the control measures recorded accurately and they will be reviewed every 6 months or more often as required . This will include a system for responding to emergencies. The person in charge has arranged for a smoke detector and alarm to be installed in the laundry room which is adjacent to the designated centre. This will enhance safety and will alert staff in the event of a fire.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Overall regulation 7: behavioral support has been reviewed and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation

In order to come into compliance with Regulation 7 (1) the person in charge will ensure that all staff in the designated centre have the knowledge and skills appropriate to their role to respond to behaviour that is challenging and to support residents to manage their behaviour. The behaviour support specialist has completed a training session with the staff who have not completed Studio 3 training , on the positive behaviour support plan of one individual supported in the designated centre. They also focused on how to support other individuals living in the designated centre who may be affected by an incident in this session.

In order to come into compliance with Regulation 7 (2) the person in charge will ensure that all staff working in the designated centre will have completed Studio 3 training and will not work alone if this training is not completed.

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.	Not Compliant	Orange	10/10/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/10/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	31/08/2019

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/08/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	10/10/2019