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

Issued by the Chief Inspector

Name of designated centre:	Rowan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	17 November 2021
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0034238

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of five residents. The residents living in this centre are of an older age profile, may have retired from work and, enjoy a quieter and slower pace of life. An integrated model of care is provided where there are structured arrangements to provide residents with activities and programmes of their choosing in their own home. The house is a two-storey property on its own spacious site with very pleasant views of the bay. Given the age profile and needs of the residents all resident accommodation and facilities are provided on the ground floor. The house is located on the outskirts of a well serviced village and suitable transport is provided to assist residents in accessing their local community. The staff team is comprised of social care workers and support staff. A minimum of two staff members are on duty up to 21:00hrs, one staff member is on duty at night; this is a sleep-over arrangement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 17 November 2021	09:30hrs to 17:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Based on what the inspector observed, read and discussed this was a person-centred service where residents enjoyed a good quality of life. For example, notwithstanding their older age profile residents were supported to have good independence in their daily lives. The provider had arrangements in place so that residents enjoyed a meaningful day in their home. However, the provider did not demonstrate a satisfactory level of compliance with all of the regulations reviewed on inspection. This arose primarily because day-to-day oversight and systems of review in place in the service were not effectively identifying deficits. This resulted in a level of risk to resident safety for example, in the event of an emergency such as a fire or an outbreak of infection.

On arrival the inspector saw that the accommodation provided to residents was of a high standard. The house was located on its own spacious site in a pleasant and picturesque area overlooking the bay. The person in charge spoke of plans to develop a seating area to the front of the house to maximize the enjoyment of the view for residents.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. Utilising measures such as a face mask, regular hand hygiene, physical distancing and time limited encounters, the inspector had the opportunity to see all areas of the premises, observe practice and meet with all five residents.

The inspector noted the different routines of residents. Some residents were enjoying a late morning in bed in line with their slower pace of life. Residents enjoyed staggered breakfast times. Residents were seen to have good independence while a staff presence was maintained in the kitchen so that any supervision or assistance needed from staff was available. Residents confirmed that they enjoyed their breakfast and were happy to greet the inspector during this time. Residents presented as relaxed in their home and with the staff on duty. Residents were familiar with the staff on duty and referred to staff members by their first name.

Observations throughout the day reflected a service that was individualized to the needs and wishes of each resident with arrangements put in place to meet these needs. For example, one resident had the predominant use of one communal room as it gave them the space and quietness that they needed while still connected to staff and peers. The person in charge described environmental modifications that were completed to reduce noise levels that were impacting on others. These works were reported to be effective. Residents could decorate their bedrooms to their liking and could express their interests and beliefs. For example, the importance of and comfort gained from quiet prayer was discussed with the inspector.

This inspection was unannounced and a busy day was planned in the house. Staff

and residents came and went as they availed of seasonal influenza vaccination. Staff and residents had also availed of vaccination in the context of COVID-19. Some residents by virtue of their age had received their booster vaccination. There had been no outbreak of COVID-19 in this centre and the provider was alert to the possibility of future outbreaks. The person in charge described the learning that was gained and shared from outbreaks in other locations. However, this HIQA (Health Information and Quality) inspection identified findings that were not consistent with the requirements of Regulation 27: Protection against infection. There were infrastructural deficits, deficits in the systems for managing laundry and, deficits and inconsistencies in practice that increased the risk of exposing residents and staff to infection that was preventable. These findings will be discussed in the main body of this report.

Management and staff were mindful of the impact of COVID-19 on residents overall well-being and their quality of life. For example, the critical importance of family and access to family was recognised and visits to the centre were safely facilitated. Residents had been supported to develop their skills in using technology to stay connected to family. Staff were innovative. For example, one resident had enjoyed a daily trip out to get a take-away coffee. When this was not possible due to restrictions, staff had sourced take-away cups and the format of coffee enjoyed by the resident so that these could be enjoyed at home. A dedicated staff member facilitated a range of activities for residents Monday to Friday and tutors attended the house to provide a range of programmes. For example, residents enjoyed learning about photography and recently completed portraits were on display.

While the inspector did not meet with any representatives records seen demonstrated that they were invited to provide feedback to inform the annual review of the service. The feedback received was positive with representatives satisfied that their family members were happy, safe and in receipt of good care. As appropriate, for example if this was what the resident wanted, representatives were consulted about the support and care provided.

On reviewing the premises the inspector saw that it was fitted with a fire detection and alarm system, emergency lighting and doors with self-closing devices designed to contain fire and its products including smoke. Staff undertook simulated evacuation drills with residents. However, these drills did not adequately demonstrate that all residents could be evacuated from the house in the event of fire. A review of the evacuation procedures and the undertaking of simulated drills that adequately tested the evacuation procedure by day and by night was needed.

Therefore, there was good practice, a clearly understood management structure and systems for reviewing the quality and safety of the service but the findings of this HIQA inspection were largely unidentified by these internal arrangements. The next two sections of this 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

There were management and governance arrangements that were operated as intended by the provider and worked well on many levels. The centre presented as adequately resourced to deliver on its stated objectives. However, these inspection findings identified a need for more robust day-to-day oversight and more effective use of existing auditing systems.

The person in charge worked full-time and had other areas of responsibility. The person in charge had good access to her line manager and to the senior management team. The person in charge described open communication and clear arrangements for discussing and escalating any concerns arising. The person in charge had good accountability and authority for the management of the service. For example, the person in charge had the authority to identify staffing needs and to sanction additional staff as and when needed. On a day-to-day basis the person in charge had practical support from a team leader in each of her areas of responsibility. The person in charge described collaborative and supportive working relationships. There were arrangements for ensuring regular communication and oversight between all persons participating in the management of the service and between management and staff. For example there were regular meetings attended by senior management, the person in charge and the team leaders and regular meetings with staff. Staff supervisions were reported to be on schedule with no concerns arising.

There were systems for regularly reviewing the quality and safety of the service. For example, there were regular MDT (multi-disciplinary team) reviews of residents' needs and their personal plans. The person in charge maintained oversight of incidents as they occurred and collectively each quarter. There was evidence of corrective actions taken as needed such as referral to the MDT or the seeking of safeguarding advice.

The provider was also completing the annual review and the six-monthly unannounced visits to the centre required by the regulations. COVID-19 specific site reviews had been introduced and were currently completed monthly. The person in charge was also completing site specific reviews each quarter. However, formal and informal oversight was not effectively monitoring aspects of the service and was not identifying deficits and areas that needed to improve. Therefore, oversight was not consistently driving improvement or robustly assuring the quality and safety of the service. For example, day-to day oversight, the completion of the COVID-19 specific reviews and the implementation of cleaning schedules had not identified the deficits and inconsistencies identified by this HIQA inspection. These deficits and inconsistencies will be discussed in more detail in the next section of this report.

The provider did ensure that residents were supported by day and by night by an adequate number of staff. The person in charge clearly described how staffing was consistently monitored and staffing levels were maintained and increased as necessary. For example, additional staffing for a prescribed period of time to support

resident admission and transition to the centre. There were additional staff on duty on the day of inspection and this was highlighted to the inspector at the beginning of the inspection. Ordinarily there were two staff on duty each day up to 21:00hrs and one staff member at night on a sleepover duty. An additional staff resource provided therapeutic-social support for residents Monday to Friday. While the staff skill-mix did not include nursing staff the person in charge described clear pathways for seeking clinical advice as needed.

The person in charge maintained a matrix of the training completed by staff. This and individual training records were provided for the inspector to review. The inspector saw that all staff listed on the staff rota had completed all mandatory and required training such as safeguarding, fire safety, responding to behaviour that challenged and medicines management. All staff had completed a suite of infection prevention and control training that included hand hygiene, putting on and taking off personal protective equipment (PPE) and how to break the chain of infection. The person in charge confirmed that the provider had added a suite of infection prevention and control training to the suite of mandatory training. This training included a HIQA training module on Regulation 27: Protection against infection. Staff were currently undertaking this suite of infection prevention and control training and many staff had already completed the module.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role. The person in charge demonstrated leadership skills, accountability and responsibility for the service. The person in charge had good knowledge of each resident, their care and support needs. The person in charge was open to the inspection findings, understood and was committed to the improvement that was needed.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the number and the assessed needs of the residents. While there was some recent change, residents received consistent support from a core team of regular staff. There was a planned and actual staff rota that showed each staff member on duty and the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Attendance at staff training was monitored. All staff listed on the staff rota had completed baseline training and refresher training.

Judgment: Compliant

Regulation 23: Governance and management

There were management and governance arrangements that were clearly understood and that worked well on many levels. However, these inspection findings identified a need for more robust day-to-day oversight and more effective use of the auditing systems in place. Formal and informal oversight was not effectively monitoring aspects of the service and was not identifying deficits and areas that needed to improve. For example, day-to day oversight, the completion of the COVID-19 specific reviews and the implementation of cleaning schedules had not identified the deficits and inconsistencies identified by this HIQA inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements that ensured HIQA was notified of certain events that occurred in the centre such as the use of any restrictive practices.

Judgment: Compliant

Quality and safety

This was a person centered service where the individuality of residents was respected and residents' rights were promoted. The provider sought to ensure that notwithstanding advancing age, residents were supported to enjoy good health, independence and a good quality of life. However, improvement was needed in the procedures for evacuating residents in the event of fire and in ensuring residents were robustly protected from the risk of preventable infection.

For example, the inspector saw that the house was fitted with measures to promote

fire safety. These measures included emergency lighting, a fire detection and alarm system, fire-fighting equipment and doors deigned to contain fire and its products. There was documentary evidence that these measures were inspected and maintained at the appropriate intervals. All staff had completed fire safety training and staff undertook simulated evacuations with residents. However, these simulated drills did not demonstrate that the provider could evacuate all residents if needed from the building to a safe place. The drills did not demonstrate that all reasonable efforts were made to encourage residents to evacuate. For example, there was an identified risk that one resident may not respond to a request from staff to evacuate. The resident's personal emergency evacuation plan included this risk and the use of objects of reference such as the car keys, to encourage evacuation. Drill reports seen reported that the resident did not evacuate but the record did not state whether these prompts were used or not during the drill. Therefore, it was not evidenced whether they had been used and did not work or they had not been used. Another drill record stated that staff relocated residents from the kitchen to the adjacent communal rooms and that they were "safe there". A staff member spoken with said that a progressive horizontal evacuation process was used and residents remained in the building in a safe compartment. However, the provider needs to be assured that the building infrastructure ensures such safe compartments and is not solely reliant on the provision of fire resistant doors. Ultimately, the provider must demonstrate that it has suitable arrangements for evacuating all residents from the building, arrangements that are clearly communicated, understood and tested by all staff.

It was evident that risks such as this risk of not evacuating were identified. There were other identified risks including those associated with the assessed needs and the age profile of residents. For example, a risk for falls or a risk for aspiration or choking if diet and fluids of an unsafe consistency were provided to residents. The inspector saw controls such as the provision of mobility devices and alarms to alert staff if a resident fell. Staff were seen to provide a resident with tea; the consistency of the tea was altered so that it did not freely flow. The resident was seen to drink and enjoy their tea. However, a purposeful sample of individual risk assessments seen by the inspector had not been reviewed for some time, had not been reviewed within the specified timeframe or following reviews and changes. For example, risk assessments for falls, aspiration and behaviour of risk were all overdue review with some dated as last reviewed in October 2020. This resulted in an absence of evidence and assurance that risks and their control were subject to regular and ongoing review.

This also resulted in some inconsistency in the review and update of the personal plan. The inspector reviewed one personal plan. The plan was person centred and based on the resident's assessed needs, their known likes, dislikes and preferences. It was evident that the resident and their representative as appropriate were consulted with and had input into the plan. The plan included the resident's personal goals and objectives as decided by the resident, the person responsible for progressing them with the resident and the timescale for their achievement. Staff maintained progress updates and details of any obstacles encountered. For example, COVID-19 restrictions. The inconsistency found in the plan related to the updating of specific plans of care and support so that they were appropriate to the

current needs and circumstances of the resident. For example, a falls prevention care plan referred to a falls alert device that was no longer in use and had been replaced by an alternative device. An end of life care plan was dated as reviewed but there was no substantive update or change noted. For example, discussion and ascertaining the resident's wishes such as transfer to hospital in the event of illness due to COVID-19.

The personal plan included the plan for guiding staff in the prevention of and the therapeutic response to behaviour of concern and risk. This plan was current and advised by input from the staff team and the behaviour support team. Residents had the space that they needed if they benefited from a quieter environment. Residents were provided with interventions such as sensory items. Staff spoken with had good knowledge of these plans and were seen to gently prompt a resident to be mindful of the personal space of others. Residents had minimal restrictions in their daily life and in their routines other than those that were necessary for their safety such as restricted access to certain foods.

From records seen it was evident that staff and management were mindful of and reported any event or behaviour that had the potential to cause upset or harm to residents including possible harm from a peer. Staff followed the providers reporting procedure. Advice and support from the designated safeguarding officer was sought and provided as needed.

There was good evidence that staff were attuned to and monitored each resident's general health and well-being. Staff ensured that residents had access to the clinicians and services that they needed. The person in charge described the good supportive service provided by the general practitioner (GP). The GP was available to the residents as needed and came to the house to review residents if for example, residents found clinical interventions difficult or challenging. Nursing advice was available from within the provider's resources. There was documentary evidence of good input and MDT oversight as appropriate to residents' needs. This included psychiatry, psychology, behaviour support, speech and language therapy, dental and optical care.

There was evidence of good infection prevention and control practice. For example, given their age profile some residents had received their booster COVID-19 vaccination and on the day of inspection both residents and staff were availing of seasonal influenza vaccination. Residents have been protected against the risk of infection and there has been no outbreak of COVID-19 in this centre. While protecting residents from the risk of infection the provider was mindful of residents' overall well-being. For example, residents were supported at all times to have contact with family and currently there were reasonable controls but no restrictions on visits to the centre.

However, the provider did not demonstrate satisfactory compliance with Regulation 27: Protection against infection. Improvement was needed so that procedures consistent with the National Standards for infection prevention and control in community services (2018) were consistently adopted in the centre and became part of the daily management and oversight of the service. Findings from this HIQA

inspection included the failure of daily oversight and systems for reviewing infection prevention and control practice to identify deficits and inconsistencies that had arisen. For example, the design and layout of the house was suited to the needs of the residents and the accommodation provided was overall of a high standard. However, there were elements of the premises that were not conducive to effective cleaning. For example, in the main bathroom the blind was rusted and occluding film that had been attached to the window was very damaged and stained.

Even with a face mask in place, the inspector noted a very unpleasant odour from another sanitary facility. The toilet appeared to be a bidet that was adapted by placing a raiser seat on the rim. The sanitary ware was badly discoloured, chipped and possibly leaking which may have been the source of the odour.

The paint on the ceiling of an en-suite was badly peeling.

There was a limited number of hand-wash sinks other than those provided in residents' en-suites and in the main bathroom. These sinks were of a good standard with for example, a lever operated tap. A staff spoken with said that they would not use these sinks to undertake hand-hygiene following the delivery of personal care to the resident. This would be in line with infection prevention and control guidance. However, staff described leaving the resident's bedroom and going to the kitchen sink to complete hand hygiene. Alcohol based hand sanitising products were seen to be available at the front door and at a door in the kitchen. However, none was noted in the proximity of residents' bedrooms where staff would be most likely to have direct resident contact or contact with more than one resident. The label of one bottle of hand hygiene product was completely eroded. The provider needed to risk assess, review and maximise (as appropriate to the setting) the opportunities for staff to complete hand hygiene as close as possible to the point of care.

As stated in the first section of this report all staff had completed infection prevention and control training and were currently undertaking refresher training. However, the inspector observed poor practice in relation to the inappropriate use of gloves and the failure to complete hand hygiene between different tasks. Overall, the inspector observed consistent and good face mask use by staff but this was an area that did also present some challenge perhaps due to the type of mask.

Up-to-date national provider infection prevention and control guidance and procedures were in place but inconsistencies had arisen in practice. For example, there was inconsistency in the frequency of monitoring staff and resident well-being. For example, provider policy stated resident well-being should be monitored twice daily but it was only monitored once each day. Where recorded staff temperatures had reached the provider benchmark for concern it was not evident what action was taken by staff (as outlined in provider policy) when this happened.

Based on what the inspector saw adequate arrangements were not in place (again as appropriate to the setting) for the safe management of laundry. For example, on arrival in the centre the inspector saw that the facility for ironing was in the corner of the main communal room. A significant quantity of clean laundry was placed directly onto a couch. Laundry facilities were provided. However, these were located

in an area that was used for multiple purposes such as storage of new stocks and items for discarding. The area was cluttered, untidy and not visibly clean. The area did not present as an area that was the subject of a regular review and routine cleaning. For example, the vent from the tumble dryer was disconnected and lying on the floor. There were baskets of laundry on the floor. The inspector was advised that a different white basket was used for returning clean laundry. However, this basket was seen on the floor of the utility directly beneath a rail of outdoor coats.

Cleaning practices and oversight of cleaning practices needed to improve so that matters such as those observed on this inspection and described above were identified during routine cleaning, reported and corrected.

Regulation 11: Visits

The importance of family and family contact to resident overall well-being was recognised. Reasonable controls as outlined in national guidance ensured that visits were safely facilitated.

Judgment: Compliant

Regulation 13: General welfare and development

Notwithstanding the older age profile of residents and the requirement for a somewhat slower pace of life, the provider had arrangements that sought to ensure residents enjoyed a meaningful and purposeful life connected to family, friends and their community. Residents had opportunities to learn new skills and to have new experiences.

Judgment: Compliant

Regulation 26: Risk management procedures

A purposeful sample of risk assessments seen by the inspector had not been reviewed for some time, had not been reviewed within the specified timeframe or following reviews and changes. For example, risk assessments for falls, aspiration and behaviour of risk were all overdue review with some dated as last reviewed in October 2020. This resulted in an absence of evidence and assurance that risks and their control were subject to regular and ongoing review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement was needed so that procedures consistent with the National Standards for infection prevention and control in community services (2018) were consistently adopted in the centre and became part of the daily management and oversight of the service. For example, the failure of daily oversight and systems for reviewing infection prevention and control practice to identify deficits and inconsistencies that had arisen.

There were elements of the premises that were not conducive to effective cleaning. For example, in the main bathroom the blind was rusted and occluding film that had been attached to the window was very damaged and stained. Even with a face mask in place, the inspector noted a very unpleasant odour from another sanitary facility. The paint on the ceiling of an en-suite was badly peeling.

The provider needed to risk assess, review and maximise (as appropriate to the setting) the opportunities for staff to complete hand hygiene as close as possible to the point of care. The inspector observed poor practice in relation to the inappropriate use of gloves and the failure to complete hand hygiene between different tasks.

Judgment: Not compliant

Regulation 28: Fire precautions

Simulated evacuation drills did not demonstrate that the provider could evacuate all residents if needed from the building to a safe place. The drills did not demonstrate that all reasonable efforts were made to encourage residents to evacuate. Staff described a progressive horizontal evacuation process and said that residents remained in the building in a safe compartment. This was also evident from records seen. However, the provider needs to be assured that the building infrastructure supports such safe compartments and is not solely reliant on the provision of fire resistant doors. Ultimately, the provider must demonstrate that it has suitable arrangements for evacuating all residents from the building, arrangements that are clearly communicated, understood and practiced by all staff.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Some inconsistency was found in the updating of specific plans of care and support so that they were appropriate to the current needs and circumstances of the resident. For example, a falls prevention care plan referred to a falls alert device that was no longer in use and had been replaced by an alternative device. An end of life care plan was dated as reviewed but there was no substantive update or change noted. For example, discussion and ascertaining the resident's wishes such as transfer to hospital in the event of illness due to COVID-19.

Judgment: Substantially compliant

Regulation 6: Health care

Staff monitored resident well-being and ensured that residents had access to the care, services and, clinicians that they needed for their continued health and well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

The positive behaviour support plan was current. The plan outlined the behaviours that could be exhibited, possible triggers and how to avoid them and, guidance for staff on responding to behaviour of concern. Residents enjoyed minimal restrictions in the lives and in their daily routines.

Judgment: Compliant

Regulation 8: Protection

There were measures that promoted resident safety and protected residents from harm and abuse. For example, the provider had safeguarding policies and procedures and these were used if and when needed. All staff had completed safeguarding training. Advice and support from the designated safeguarding officer was sought and provided.

Judgment: Compliant

Regulation 9: Residents' rights

This was an individualised service where the support and care provided was planned and delivered to meet the needs, abilities, wishes and circumstances of each resident. Despite advancing years residents had good independence but also had the support from staff that they needed. Records seen indicated that residents had good choice and control over their routines such as when they went to bed and when they got up. Residents were consulted with and had input into the care and support that they received.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0034238

Date of inspection: 17/11/2021

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance with Regulation 23: Government and management, the PIC has implemented the following: • The PIC will maintain a regular presence in designated centre on a weekly basis. • The PIC will undertake regular support and supervision sessions with the temporary Team Leader. • The PIC will carry our quarterly unannounced site specific IPC reviews. • The PIC will ensure that the identified deficits and deficiencies in the cleaning schedules will be addressed and the overall schedule updated.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to come into compliance with Regulation 26: Risk management procedures, the PIC has implemented the following: • All risk assessments have been reviewed and updated and will be subject to regular and ongoing review.	

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In order to come into compliance with Regulation 27: Protection against infection, the PIC has implemented the following:
• As referenced under Regulation 23 of the Compliance Plan the PIC will maintain a regular presence in designated centre on a weekly basis and also carry out regular IPC site specific reviews on a quarterly basis.
• Renovations and improvements have been identified in the premises and the following has taken place: the defective blind in the main bathroom has been removed and the occluding film replaced.
• The toilet facilities in one ensuite has been assessed for the person supported by the Occupational Therapist who has made recommendations for a new unit. This unit is now on order and will be installed on delivery. The PIC will ensure that all remedial works to the bathroom will take place with installation.
• The ceilings of two en-suite bathrooms have been painted
• The PIC assessed the hand hygiene sanitize stations in the designated centre and additional sanitization units have been installed close to points of care. A hand hygiene and use of gloves protocol has been sent out to all staff from the PIC and all have been requested to read and sign off that they will implement this protocol.
• The PIC has ensured a plan for the safe management of laundry is in place. The building where the laundry facilities are located with be partitioned into two separate areas; one designated for storage and the other for proper laundry management.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to come into compliance with Regulation 28: Fire precautions, the PIC has implemented the following:
• On site specific training with a fire safety consultant has been arranged by the PIC for all staff. The evacuation procedures in place for day and night will be reviewed and assessed and the consultant's recommendations will be incorporated into the fire action plan and the PEEPS.
• Staff took part in two fire evacuations since the inspection and corrective actions have been identified to improve the evacuation procedure. A referral has been made to psychology for MDT support around a person's supported noncompliance to evacuate the house during a fire drill.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In order to come into compliance with Regulation 5: Individual assessment and personal plan, the PIC has implemented the following: • The PIC has directed the social care team to review all plans of care and support on residents' profiles to ensure that they are appropriate to the current needs and circumstances of the resident. Appropriate medical input will be sought where necessary.

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 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.	Not Compliant	Orange	31/01/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	30/04/2022

	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.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/01/2022
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with	Substantially Compliant	Yellow	28/02/2022

	any changes recommended following a review carried out pursuant to paragraph (6).			