



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

## Issued by the Chief Inspector

Name of designated centre:	Rockfield House
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	19 January 2021
Centre ID:	OSV-0005716
Fieldwork ID:	MON-0031059

## About the designated centre

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

Rockfield House is equipped to provide care and support for a maximum occupancy of five adult residents. Each resident has their own bedroom which are decorated to their individual style and preference. It is a residential service that supports and facilitates residents, who have intellectual disability or autism spectrum disorder, to live full and valued lives in their community while at all times ensuring that stability, good health and well-being is achieved. At Rockfield House, the residents are provided with a comfortable, homely and well maintained environment, conducive to meeting their assessed needs and in-keeping with a calm and professional approach to the care provided. It is a five bedroom detached dormer house with adequate parking facilities and is located near a town in County Westmeath. Systems are in place to ensure the health and social care needs of the residents are comprehensively provided for and as required access to GP services (and a range of other allied healthcare professionals) form part of the service provided to residents. The centre is managed by an experienced and qualified social care professional who is supported in their role by a team of social care workers and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## 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
Tuesday 19 January 2021	10:00hrs to 15:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to the residents and staff.

From observation, the residents living in the centre were supported to live meaningful and safe lives.

The inspector met with the five residents at various times during the day and they greeted the inspector safely. Most of the residents were unable to directly share their views of the service, but allowed the inspector to observe some of their routine and life, and others used signing to communicate. Staff also supported the residents to communicate with the inspector. The residents indicated that they were happy living in the centre, enjoyed the activities they were doing, liked their own space and got on well together.

The residents had lived together for some years and were obviously at ease with each other as friends, living together. The inspector did not have the opportunity to meet with family members, but the provider had a range of measures in place to elicit their views on the service. The feedback was very positive in regard to the care provided, and the level of communication and consultation in regard to the ongoing care and support of their adult children.

The inspector observed that the residents appeared very content in their home, which was warm, comfortable and homely. This was helped by the personal belongings and numerous photos of the residents, their activities, achievements, and holidays which contributed to the homely atmosphere. There were two sitting rooms which enabled the residents to have their own space and quiet time. They could opt in, or out of communal life as they wished during the day, and did so. The residents had their own bedrooms with en suite facilities, which were large and filled with their personal belongings, tablet computer devices, televisions and tables for their hobbies such as jigsaws.

The residents were observed to be in good spirits, engaging easily with the staff who were very attentive to their needs and explaining all the time what was going on. They were observed participating in their preferred activities, in their own time. For example, some residents were having a lie in, while others were observed to be helping with the meals, playing cards, making jigsaws and doing household tasks very thoroughly, which demonstrated the residents had pride in occupying their home.

It was apparent that residents and their representatives were consulted and communicated with, in a manner appropriate to each of the residents, about decisions regarding their care and the running of their home. Apart from the regular and person-centred residents' meeting, each of the residents had regular one-to-one meetings with their assigned key workers. Their personal preferences were elicited

and supported by their key workers, using a variety of means suitable for them, including pictures and stories or sign language, to enable the residents communicate their wishes, and to be informed about their lives, planning for Christmas for instance and also health care appointments. These systems also promoted their right to choice in their lives with the support of their families, who acted as advocates. Staff encouraged trialling of various activities to enable the residents make choices, for example; horse riding or computer training, so as to enhance their lives, and they could decide to proceed or not.

The staff were observed to be respectful, friendly and bantering, as appropriate, in their interactions with the residents. They understood and responded promptly to the residents communication. The staff knocked on their bedroom doors and maintained their privacy at all times. The provider had ensured that there were sufficient staff with the training and skills required to provide for the emotional and healthcare needs for the residents. It was evident to the inspector, through observation and discussion that the staff were very familiar with the residents' needs. The inspector also observed that staff were supportive and calm when any issues of concern arose, encouraging the residents to relax and thereby preventing any further distress.

The inspector saw that any concerns raised by, or on behalf of the residents, were acknowledged and managed promptly and effectively so as to address and rectify the issue. The residents were supported to engage in meaningful activities in the centre. COVID-19 had impacted on their normal life, in terms of access to the community and family visits, due to the residents' vulnerabilities. Normally, one resident attended a day service where there was access to computer and literacy training, while others, based on age, and preferences, did more local activity and hobby based routines, attended the local community for activities such as swimming, lunches out, or shopping with staff for the weekly groceries. The staff mitigated for this change with a range of different safe activities such as local drives, household games, baking, DVDs, music and continuing their literacy training at home. While personal and family visits had to be limited, arrangements were made for window or outdoor visits, short safe visits home, additional video calls and other methods of communication. Staff also supported the residents to understand these changes by using visual aids and calendars, to mark the days until visits or events, such as Mass. The residents were also supported to use masks outside and how to greet people in the current environment to keep themselves safe.

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

## Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, and the arrangements in place to manage the continued COVID-19 pandemic and inform the decision in regard to the provider's application for the renewal of the centres registration. The centre was last inspected in August 2019 with a high level of compliance found.

The inspection found that the provider continued to have good management and oversight systems in place which helped to ensure the care provided for the residents was safe and suitable to meet their needs.

The centre was managed by a suitably qualified and experienced person in charge who reported to the head of care. She had a good knowledge of the needs and support requirements for each of the residents, and of her responsibilities in this regard. Although for three designated centres, the presence of a suitably qualified house manager in this centre ensured that this arrangement was suitable.

There were good reporting and oversight systems evident, and the provider undertook a range of audits and unannounced reviews which identified any areas for improvement, which were then completed by the person in charge. For example, updating of risk assessments, management of complaints or incidents, medicines errors, continued assessments of need and responses to this.

The provider ensured that the numbers of staff were suitable and that they had the training and skills to support the residents. From the records seen, mandatory training was up-to-date and additional training such as cardio-pulmonary resuscitation (CPR) and sign language was also provided. Where needed, training specific to medical care procedures had been provided for staff. From a review of a sample of personnel files, recruitment practices were safe. There were effective systems for communication, with evidence of good staff handovers and staff supervision systems, which focused on the residents' needs and promoted consistency of care for the residents. These systems had continued via technology during the COVID-19 restrictions. The supports available were enhanced by the internal availability of a range of allied clinicians including, speech and language, psychiatry and behaviour supports for the residents.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents to prevent re-occurrences.

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement. The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

Registration Regulation 5: Application for registration or renewal of registration

The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

Judgment: Compliant

### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge. She had a good knowledge of each of the residents individual assessed needs and the support requirements by each of the residents. The person in charge understood her role in overseeing that these needs were being met.

Judgment: Compliant

### Regulation 15: Staffing

The provider ensured that there were sufficient staff with the training and skills to support the residents. A review of a sample of personnel files indicated that recruitment procedures were safe.

Judgment: Compliant

### Regulation 16: Training and staff development

From the records seen, mandatory training was up-to-date and additional training such as CPR and sign language was also provided for staff. Where needed, training specific to medical care procedures was provided. There were good supervision and communication systems evident.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of up-to-date insurance had been submitted as part of the application for the renewal of the centres registration.



Judgment: Compliant

### Regulation 23: Governance and management

The provider had good management and oversight systems in place which helped to ensure the care provided for the residents was safe and suitable to meet their needs. These included frequent audits and monitoring of practices, with actions taken to address any deficits. Unannounced visits on behalf of the provider took place and the views of the residents, and their relatives are elicited and included in the annual report for 2020.

The centre was well resourced in terms of staffing, equipment, transport and internal access to additional clinicians which helped to ensure that the residents received the care they needed for her lives.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each resident had a detailed contract for care signed on their behalf as appropriate.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable procedures in place in the event of any absence of the person in charge. The details had been submitted to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector saw that any concerns raised by, or on behalf of, the residents, were acknowledged and managed promptly and effectively so as to address and rectify the issue.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' quality and safety of life was prioritised. In order to ensure that their needs were supported, they had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, dietitian and healthcare. The residents had detailed support plans which were informed by these assessments and the residents care was reviewed each year, which ensured they had the best opportunity for a meaningful and safe life. The residents and their representatives were involved in this process. Their social care needs, hobbies and developmental needs were actively promoted. Any personal or developmental goals set with the residents were monitored, so as to ensure they were achieved, or if not, it was documented why these had not been achieved. These personal plans included developing basic life, personal and social care skills.

The residents' healthcare needs, were carefully monitored and responded to with additional resources or referrals promptly accessed. Care and guidance was made available as needed, with detailed support plans to guide staff to meet complex enduring needs, in some instances.

There were suitable and safe systems for the management and administration of resident's medicines. Medicines were frequently reviewed and their impact on the

resident monitored.

There were effective systems, policies and procedures in place to protect the residents from abuse. When required, safeguarding plans had been implemented promptly and had resulted in safer care and a reduction in any incidents of concern. The staff had detailed guidelines in regard to supporting the residents with personal care, which protected their privacy and dignity. The residents required full support with their finances, they had individual financial accounts, and held some of the own monies in their rooms for weekly spending. There was good oversight of this to ensure they were protected.

There were good systems in place to support residents with their emotional and behaviour support needs. These supports had resulted in a reduction in incidents, and any which occurred were managed in a manner which supported the residents to understand their own behaviours. The use of restrictive practices was minimal, frequently reviewed. Once again the staff tried to ensure that the residents understood why they were in place, for example, why the medicines were secured.

Risk management systems were effective, centre specific and proportionate to the risk, while not unduly impinging on the residents' freedom or placing them at harm. Each resident had an individual risk management plan which took account of their ability to keep themselves safe in some situations. The residents safety was also promoted by the fire safety management systems implemented, including systems for containment and there were suitable fire alarms and equipment in place, serviced and monitored as required. Staff undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place which identified their individual vulnerabilities. For instance, one resident used a vibrating alarm at night to ensure they would be alerted should the fire alarm activate.

The policy on infection prevention and control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on visitors inside the centre, increased sanitising processes during the day, in the centre and the transport used, the use of and availability of suitable PPE. Contingency plans were in place in the event of an outbreak. The system the provider had put in place had worked effectively where a specific risk was identified, and reduced the likelihood of a further transmission of the virus. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand-hygiene had been provided for staff and for the residents. Staff were seen to use the required equipment and carry out the sanitising process consistently throughout the day. The resident had also been supported to understand the safety rules. Staff and residents were monitored frequently for symptoms.

These systems were being monitored. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible. The centre is a suitable size and layout, with all residents having their own en-suite bedrooms, and number of sitting rooms. The provider has planned for, and managed, the need for any residents to self-isolate with guidelines as to how staff

would be deployed in this case.

### Regulation 10: Communication

The residents were supported to communicate with the use of visual aids, sign language and technology. The staff understood the resident communication styles very well and there were detailed communication plans for each of the residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was very comfortable, well laid-out and homely and suited the residents individual needs well.

Judgment: Compliant

### Regulation 20: Information for residents

There were a significant amount of visual charts and guidelines in the premises to support the residents in their daily lives and picture format information on the centre, and their rights.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the risk, while not unduly impinging on the residents' freedom or placing them at harm.

Each resident had an individual risk management plan and which took account of their ability to keep themselves safe in some situations. There were environmental audits undertaken and health and safety procedures implemented.

Judgment: Compliant

## Regulation 27: Protection against infection

The policy on infection prevention and control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents and manage a potential outbreak. A number of strategies were deployed; these included: restrictions on any visitors to the centre, increased sanitising processes during the day, in the centre and the transport used, the ongoing use and availability of suitable PPE. Contingency plans were in place for staff or isolation of the residents if needed.

Judgment: Compliant

## Regulation 28: Fire precautions

The residents' safety was promoted by the fire safety management systems implemented, including systems for containment. A suitable fire alarm and equipment was in place, serviced and monitored as required. Staff also undertook regular fire evacuation drills with the residents who all had suitable personal evacuation plans in place which identified their individual vulnerabilities.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of resident's medicines. Medicines were frequently reviewed and their impact on the resident monitored.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The residents had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, dietitian and healthcare. Their detailed support plans which were informed by these assessments and the residents care and development and contentment with their lives was robustly reviewed, which ensured they had the best opportunity for a

meaningful and safe life.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs, were carefully monitored and responded to with additional resources or referrals promptly accessed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were pro-active systems in place to support residents with their emotional and behaviour support needs. These had resulted in a reduction in any such incidents and any which occurred were managed in calm manner by staff.

Judgment: Compliant

### Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented and had resulted in safer care and reduction of any incidents of concern. The residents personal care and oversight of their finances were also managed in a safe and dignified manner.

Judgment: Compliant

### Regulation 9: Residents' rights

It was apparent that the residents' rights were respected in terms of their daily choices, respect and dignity, continual involvement and consultation in decisions and good levels of support from staff in enabling this. They were helped to understand the reasons for the changes to their routines and the restrictions during the COVID - 19 pandemic. Communication and interaction was observed to be respectful

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant