



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
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0020974

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 also can support residents who may present with behaviours of concern, autism, dementia and autism. 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.

Current registration end date:	12/02/2020
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
30 April 2019	09:00hrs to 16:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with four residents who appeared to enjoy living in their home. Residents were relaxed throughout the inspection and staff were observed to chat and interact in a very pleasant manner. One resident spoke at length with the inspector and they stated that they liked their home and that staff were very helpful in their approach for care.

Capacity and capability

Overall, the inspector found that residents were supported to live a good quality of life which was person centred.

The provider had completed all audits and reviews as required by the regulations and additional oversight arrangements in regards to adverse events, health and safety and medications were also implemented which sought to drive improvements in the quality and safety of care which was provided. The six monthly review had an associated action plan which had been completed by the person in charge and the centre's annual review had taken a considered account of residents' views in order to further enhance the lived experience in the centre. Although, the implemented oversight arrangements ensured that the fundamental aspects of care and support were maintained to a good standard, there were improvements required in many aspects of care with significant improvements required in regards to implementation and review of fire safety systems in the centre.

The provider had also produced a statement of purpose which clearly outlined the care needs which the centre intended to support and the arrangements which would be implemented to meet those needs. The inspector found that this document gave a very concise account of the service and took into account resident's individual preferences in regards to attending day services and their retirement status.

The inspector met with two staff members who were observed to interact with residents in a warm and caring manner. The team leader and person in charge facilitated the inspection and were found to have a very clear understanding of resident's individual needs and of the services which were implemented to meet those needs. The team leader maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them. The provider also had systems in place which provided training to staff members to ensure that residents were appropriately supported in line with their needs. The inspector found that all required training as stated in the regulations had been completed by staff members; however, additional training for supporting residents

with their dietary needs had not been completed by all staff members.

Regulation 15: Staffing

The team leader maintained an accurate staff rota which indicated that residents were supported by regular team members.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a training matrix which provided oversight of the staff members' training needs. The inspector found that staff members were up-to-date in regards to fire safety training, safeguarding and supporting residents with behaviours of concern. Some minor improvements were required to ensure that all staff members had received training in supporting residents with their dietary needs.

The team leader had a schedule of team meetings in place and staff also received formal support and supervision from management of the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had completed all required audits and reviews as stated in the regulations; however, improvements were required in regards to many aspects of care with significant improvements required in regards to implementation and review of fire safety systems in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which was found to accurately describe the care needs that the designated centre was intended to meet and the supports which would be implemented to meet those needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained a record of all submitted notifications and a review of a sample of records indicated that all notifications had been submitted as required.

Judgment: Compliant

Quality and safety

Each resident had a person plan in place and samples of these plans were reviewed. The inspector found that these plans gave a very personal account of the resident and contained detailed aspects of many stages of their lives such as where they grew up, family ties, current service and what 'my typical day would look like'. Personalised accounts were also captured which stated that a particular resident liked 'nothing more than to sit in beside the fire with a nice cup of tea and their favourite newspaper'. The inspector found that the presentation of these files and the observations and discussions from the day of inspection gave a very clear indication that residents were to the forefront of care in this centre. Each resident was also supported to identify and achieve personal goals which had meaning, such as, interests in cookery, gardening and going on a family holiday. There was very clear evidence that residents were well supported to achieve these goals and additional photographs were also available which assisted some residents in recalling these events.

The provider had systems in place for the oversight of risks and each identified risk in the centre had a management plan in place. The person in charge and team leader had a good understanding of these plans and additional measures had been effectively implemented in relation to a falls risk for some residents. However, some improvements were required in this area, as some risk management plans were not kept under regular review. For example, a risk assessment had not been updated since 2016 and actions which had a positive impact on the provision of care for some residents had not been adapted into their risk management plans. The inspector found that there was no significant impact on the provision of care, but improvements in this area of care would further enhance how risks were managed in the centre.

The provided had taken fire precautions seriously and fire safety equipment such as fire doors, emergency lighting and a fire alarm had been installed. These precautions were assessed on a regular basis by the staff team and competent people were charged with servicing this equipment. However, improvements were

required in regards to the some aspects fire precautions. Documentation which assisted the evacuation of residents required review as some measures which helped a resident to exit the centre had not been updated to their plan. Furthermore, centre evacuation plans had not been updated in-line with discharges and admissions to the centre and gave an inaccurate account of the evacuation procedures to be followed. The centre supported residents with reduced mobility and additional issues were identified in regards to exit points which were listed on evacuation procedures, but appeared unsuitable for the safe evacuation of residents by staff members. The centre had one vacancy at the time of inspection and an upstairs bedroom was identified as the room which any future admissions would use; however, there was no fire door present in the room which may impact on the safety of residents who may be admitted to the centre. The staff team were conducting regular drills which indicated that residents could be evacuated when the maximum staffing allocation was present; however, no complete fire drills were available for review in which residents had been promptly evacuated when minimum staff numbers were in place. Overall, the inspector found that although there were some good fire safety measures in place, significant overall improvement was required to ensure that the safety of residents was maintained to a good standard at all times.

Some residents considered themselves retired, but they were still supported to attend day services in-line with the wishes. Residents appeared to have a good quality of life and activities which they were supported to engage in based on their individual preferences. Regular art, photography and cookery classes were occurring and a review of records indicated that residents had good access to local shops, restaurants and community events.

Staff throughout the inspection interacted with residents in a pleasant and warm manner. Residents appeared relaxed in the company of staff members and a resident who met with the inspector said that they liked their home and staff, and they could go to the team leader if they had any concerns or complaints. There were no safeguarding concerns at the time of inspection, but there was information available in the centre for the safeguarding of residents. There were two restrictive practices in place in response to safety concerns and the provider had sufficient oversight of these arrangements to ensure that they were the least restrictive option employed; however, some improvements were required to ensure that these options were implemented with the informed consent of the resident or their representative.

Regulation 13: General welfare and development

Some residents considered themselves either retired or semi-retired and their wishes in regards to further education, training and employment were respected. A review of records also indicated that residents were actively involved in their local communities.

Judgment: Compliant

Regulation 17: Premises

The centre had a homely presentation and each resident had a bedroom which was generous in proportion and decorated in-line with their own preferences. There were two reception rooms in which residents could relax and in general, the interior of the building was maintained to a good standard. The person in charge had requested that a patio area be reviewed in order to better meet the needs of residents, but other external aspects of the centre required further maintenance in regards to painting and general upkeep of the paths and grounds.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management procedures in place and there were good examples where the staff team had responded to risks which promoted the safety of residents. However, some improvements were required in regards to the ongoing review and update of implemented risk management plans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provided had taken fire precautions seriously and fire safety equipment such as fire doors, emergency lighting and a fire alarm had been installed; however, improvements were required in regards to the implementation and review of fire safety systems in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate medication storage facilities in place and a review of medication administration records indicated that residents received their medications as prescribed. However, improvements were required to ensure that residents were

supported, where possible, to manage their own medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan in place which was person centred and reviewed on an ongoing basis. Residents were also supported to identify and achieve personal goals with the aid of the staff team.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to healthcare professionals and care plans had been developed in response to some healthcare needs which assisted staff in the delivery of care. Staff who met with the inspector were observed to offer residents food which was in line with the dietary needs; however, the supervision requirements as outlined in a resident's care plan were not consistently observed, on the day of inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was one behavioural support plan in place and the inspector was unable to review this document as it was required for a multidisciplinary review; however, the team leader who facilitated the inspection was found to have detailed knowledge of the resident's behavioural needs. There were two restrictive practices in place which were implemented in response to safety concerns and the provider had sufficient oversight of these practices to ensure that they were the least restrictive option employed; however, some improvements were required to ensure that these options were implemented with the informed consent of the resident or their representative.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of inspection but there was information available in the centre in regards to the safeguarding of residents. Staff were also observed to interact with residents in a caring manner and a resident who met with the inspector said that they were very happy with the staff team.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0020974

Date of inspection: 30/04/2019

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	Substantially 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 Development has been reviewed and we have systems 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 read all residents Feeding Eating Drinking Swallowing (FEDS) assessments. The person in charge will also send all staff who are not trained on FEDS training so that they are able to understand and support individuals with their dietary needs</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 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 registered provider has ensured that the fire safety systems in the designated centre are updated and reviewed</p>	

<p>to ensure that all information is current. The person in charge has updated all evacuation procedures for each resident and updated the fire evacuation plan within the designated centre. These will be updated as changes arise and will be reviewed as required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Overall regulation 17: Premises has been reviewed and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation</p> <p>In order to come into compliance with Regulation 17 (1) (b) the person in charge has met with the landlord and has agreed the following renovation work to be undertaken: the upgrading of patio areas, paths, garden and painting the exterior of the house.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>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 have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation.</p> <p>In order to come into compliance with Regulation 26 (2) the registered provider will ensure that all risk assessments are reviewed and updated to ensure that they are kept under regular review to meet this regulation. This will include a system for responding to emergencies. The person in charge will also ensure that all risk assessments are implemented and signed off by the staff team.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Overall regulation 28: Fire Precautions has been reviewed and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation.</p>	

In order to come into compliance with Regulation 28 (1) the registered provider has commissioned the health and safety officer to carry out an occupational health and safety assessment in the designated centre and from this the provider has upgraded and coordinated all documentation in relation to fire safety.

To come into compliance with regulation 28 (2) (b)(ii) the registered provider has reviewed all fire evacuation procedures for each individual living in the designated centre in line with discharges and admissions and will review these as changes arise. To come into compliance with Regulation 28(2) (c) the provider has also upgraded a fire door, emergency lighting to improve evacuation procedures in the designated centre To come into compliance with regulation 28 (3)(a)the provider has ensured that all emergency lights in the designated centre are working and the fire door upstairs has been upgraded.

To come into compliance with regulation 28(3)(d) following inspection the fire evacuation procedures have been reviewed and updated within the designated centre and these will be updated as required.

To come into compliance with regulation 28 (4) (b)the person in charge will ensure that all staff carry out a fire drill when there are minimum staff on duty so that they are familiar with the fire evacuation procedure and evacuation plans for each resident in the designated centre. These fire drills will be spaced out at suitable intervals and staff will support residents as far as possible to understand this procedure and reasons for carrying out the fire drills. In addition the person in charge has arranged for site specific fire training to be held in the designated centre to ensure all staff are confident in implementing the designated Centre's fire evacuation plan

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Overall regulation 29: Medicines and Pharmaceutical services 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 29 (5) the person in charge has carried out an assessment of each individual's capacity to self-medicate in accordance with each person's wishes and preferences' to meet this regulation and this is kept in their personal profile. The person in charge has also updated one resident's medication prescription sheets to reflect the times clearly medication can be administered.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Overall regulation 6: Health care has been reviewed and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation</p> <p>In order to come into compliance with Regulation 6 (1) all staff have been updated on each person Feeding Eating Drinking Swallowing (FEDS) plans especially in relation to the importance of supervision arrangements during meal times as outlined in their FEDS plan. The team leader has also discussed the importance of supervision at mealtimes at a team meeting.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>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</p> <p>In order to come into compliance with Regulation 7 (3) the person in charge will ensure that all restrictions in place in the designated centre will be discussed with each individual at a house meeting and individually if required. It will be discussed again with the resident's representative to ensure that all restrictions are implemented with their informed consent.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	01/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	01/06/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	31/07/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	01/06/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/06/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/05/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/05/2019
Regulation 28(3)(d)	The registered provider shall	Substantially Compliant	Yellow	31/07/2019

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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.	Substantially Compliant	Yellow	15/07/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	29/05/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	25/05/2019

	resident, having regard to that resident's personal plan.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/06/2019