



# 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:	Short Notice Announced
Date of inspection:	30 June 2020
Centre ID:	OSV-0004958
Fieldwork ID:	MON-0029837

## About the designated centre

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

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

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

Number of residents on the date of inspection:	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 30 June 2020	11:30hrs to 17:20hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with four residents who were present in the centre on the day of inspection. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, that they enjoyed their meals and liked living in the centre. Some residents did not speak with the inspector. However, the inspector observed that all residents appeared to be comfortable, happy and relaxed in the company of staff and with each other.

## Capacity and capability

The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. Overall, the provider and management team had addressed the issues that had been identified in the previous inspection report, and had been working to improve quality of life and safety for residents. However, some improvement to the management of staff training was still required.

There were suitable deputising arrangements in place for the absence of the person in charge. These were in place and were effective at the time of inspection. The person who deputised for the person in charge was suitably qualified and experienced and knew the residents in the centre and their care needs.

An annual review of the service had been carried out for 2019. Six-monthly unannounced audits were being carried out on behalf of the provider, although the most recent of these audits had been carried out remotely. Audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits indicated a high level of compliance and most actions arising had been addressed. However, a training deficit for one staff member had been identified at both the last inspection and in the provider led audit and this had not been addressed.

There was a variety of staff training and operational policies and procedures to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management, infection control and in feeding, eating, drinking and swallowing. A range of policies, including schedule 5 policies, were available to guide staff, and were accessible in both hard and soft versions. All policies were up to date and informative. Staff who spoke with the inspector demonstrated a strong knowledge of residents' care and support needs. However, the guidance on delivery of behaviour support training was unclear in organisational policies. In addition, while a wide range of training had been delivered to staff, the provider had not ensured that behaviour support

refresher training had been attended by a staff member in line with organisational practice.

The provider had developed a contingency plan to reduce the risk of COVID 19 entering the centre, and also for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant. The management team and staff demonstrated a commitment to protecting the health of residents and staff. They also demonstrated a knowledge and understanding of how this is being implemented. This included training in hand hygiene, infection control, use of personal protective equipment (PPE) and provision of a range of up-to-date information and guidance.

Overall there was a good level of compliance with regulations relating to the governance and management of the centre, and the provider and management team demonstrated a commitment to continuous improvement of the service. Since the last inspection improvements to behaviour support and risk management had been made.

#### Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. There were suitable deputising arrangements in place to cover the absence of the person in charge and these were effective at the time of inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. However, some mandatory training had not been delivered to a staff member in line with the timeframes stated in the organisation's policy.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. Since the last inspection the management team had generally addressed

issues identified at the inspection. However, the provider had not ensured that there was a robust system to track staff training and to ensure that all staff had received all mandatory training as required.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge maintained a record of all incidents and events that occurred in the centre. Notifications of specified events, including quarterly notifications, had been suitably submitted to the Chief Inspector of Social Services

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date. However, the staff training and development policy required review and minor adjustment.

Judgment: Substantially compliant

## Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. All staff who worked in the centre had been tested for COVID 19 and all had received negative test results. Furthermore, the centre was maintained in a clean and hygienic condition, there was a colour coded cleaning programme and there were policies on cleaning and laundry practice.

The provider had arrangements in place to identify and manage risk. These included risk identification and management, a comprehensive health and safety statement and risk management policy and health and safety auditing. The centre's risk

register had been updated to include risks associated with COVID 19.

The provider had ensured that suitable measures were in place to respond to behaviour that is challenging and to support residents to manage their behaviour. There were procedures, such as behaviour support plans, and involvement of a psychologist and behaviour support specialist, to support residents with behaviours of concern. Staff who spoke with the inspector had a clear knowledge of behaviour support interventions that were effective for a resident. A review of incident records indicated that these interventions were effective as there had been a significant and consistent reduction in incidents arising from behaviour that challenges since the last inspection.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID 19. The centre was maintained in a clean and hygienic condition throughout, hand sanitising facilities were supplied, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had put suitable measures in place for the support and management of behaviour that challenges.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Rowan Services OSV-0004958

Inspection ID: MON-0029837

Date of inspection: 30/06/2020

## 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>In order to come into compliance with Regulation 16 on training and staff development the Person in Charge has now arranged for a staff member whom required refresher training in Studio three for supporting individuals who have behaviours that challenge to attend this training on the 23th and 24th July 2020.</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>In order to come into compliance going forward with Regulation 23 on Governance and management the Person in Charge will now carry out a six monthly audit of staff training files around mandatory training courses in order to identify staff whom require mandatory or refresher training. The Person in Charge will then book the staff in for necessary training as required.</p> <p>To make the process more robust going forward that in the event that staff cannot attend the training for some reason on the day, the staff member will also be required to notify the Team Leader directly so the training can be rescheduled immediately if required.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In order to come into compliance with Regulation 4 the Provider has reviewed this action</p>	

and will adapt our National Training policy to list Studio 3 as mandatory training course for staff whom support people whom have behaviours that challenge.

The National Training policy is due for a review later this year and this action will be completed by Nov 2020.

## 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	01/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/09/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as	Substantially Compliant	Yellow	01/12/2020

	often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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