



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:	Announced
Date of inspection:	28 November 2023
Centre ID:	OSV-0005716
Fieldwork ID:	MON-0033009

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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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 (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 28 November 2023	09:30hrs to 17:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes.

The inspector had the opportunity to meet all five residents living in the centre. Some residents had alternative communication methods and were observed at different times throughout the inspection, some spoke to the inspector independently and others with support from staff members.

Staff were observed to interact with the residents in a relaxed and respectful manner. Residents appeared comfortable in the presence of staff and were observed to move freely around their home. The inspector observed one particular interaction between a staff member and a resident whereby they easily communicated through the use of sign language. The resident was observed communicating their wish to go to the pub later in the week and what night they would like to go. They also communicated that they would like to buy some new clothes. The staff member explained that it was the resident's money so, if they wanted to buy new items that was their choice and that she would support the resident to go shopping.

On the day of the inspection some residents participated in an external music class, one resident attended a computer class in the community, one had work experience in the morning and all residents attended a cookery class in the afternoon. Another resident was due to go swimming in the morning; however, changed their mind and chose to go for a walk instead and staff were observed to respect this choice.

In addition to the person in charge, there was a trainee manager and three staff members on duty during the inspection. The person in charge and a staff member spoken with demonstrated that they were familiar with the residents' support needs and preferences with some staff having worked in the centre for many years.

The provider had arranged for staff members to have training in human rights. One staff spoken with said that as staff they should never take things for granted regarding the residents' choices and opinions and how important they were. The training supported them to become more aware and highlighted practices for them that they were doing well in and encouraged them to become a stronger advocate for the residents. Staff spoke about an instance whereby they used their knowledge to speak up on behalf of one resident when they felt the resident could have been treated with more respect while out in the community.

The house appeared tidy and for the most part clean. Bedrooms were observed to be individually decorated to suit the preferences of the residents. There were two sitting rooms for use with televisions in both. The side of the house had a area for people to sit out in.

Each resident had their own bedroom and they all had en-suite facilities. There was

adequate storage facilities for their personal belongings in each room. One resident loved to display their completed jigsaws on the walls of their room.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by five residents and supported to complete the form by way of a staff member from the centre. The questionnaires demonstrated that they were happy with all aspects of the care and supports provided in the centre.

The provider had also sought resident and family views on the service provided to them by way of a questionnaire and through the annual review for the centre. Feedback received indicated that residents and families communicated with were happy with the service provided. In addition, the inspector observed that there were no complaints in the centre in 2023.

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

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in July 2022 where an infection protection and control (IPC) only inspection was undertaken. It was observed at that time that there were good arrangements and practices in place to manage infection control risks.

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents.

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. In addition, the centre was adequately ensured against risks to residents and property.

However, while an annual review of the centre was completed, some information was found to be generic, a lot of information was repetitive and one statement was found not to be accurate. In addition, one resident's feedback questionnaire was not followed up on when they ticked that they had a complaint and it was not known if this was just an accidental recording error or not. Furthermore, from evidence provided to the inspector, the malodour observed coming from one resident's bedroom and en-suite was not identified in the provider's audits.

From a review of the rotas, the provider ensured that there were sufficient staff with

the training and skills to meet the needs of the residents.

Formalised supervision was provided for staff. Additionally, the provider ensured that staff had the necessary training to carry out their roles effectively. For example, staff had training in adult safeguarding and a particular training required in order to complete a healthcare related task for one resident.

All required records were available for inspection and maintained appropriately. For example, there was a residents' guide available for residents, as well as a statement of purpose, a directory of residents and copies of previous inspection reports.

The inspector reviewed a sample of contracts of care and observed that residents had signed contracts in place that laid out the terms and conditions of their service.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time role and was responsible for two designated centres. They split their time evenly between the two centres. Staff members spoken with felt comfortable talking to the person in charge if they had any concerns and they confirmed the person in charge attended the centre at least a few days per week.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill-mix to meet the residents' assessed needs.

The inspector reviewed a number of staff personnel files and found that the person in charge had ensured that the required information and documents were present for the staff members.

Judgment: Compliant

Regulation 16: Training and staff development

There was a staff training oversight document in place and appropriate training levels were maintained. Staff received training in a variety of areas in order to effectively support the residents and refresher training was available as required. For example, fire safety training and training in human rights. Further details on the human rights training have been included in what residents told us and what inspectors observed section of the report.

Furthermore, there were formal supervision arrangements in place for staff as per the organisation's policy.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre and it was made available to the inspector. It included the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All required records were for the most part adequately maintained and available for inspection, including records of staff meetings and supervision. There was a residents' guide available for residents, as well as a statement of purpose.

However, some records related to the fire alarm were not as thoroughly maintained as others or provided conflicting information. For example, from a sample of the alarm servicing records reviewed the inspector observed that different servicing records had recorded different alarm types. For example, on some forms it was recorded as one type and on other forms it was recorded as being another type. The provider referred the matter onto their external competent fire person. Clarification on the matter was provided and the head of care assured the inspector that the correct alarm type would be recorded going forward.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property. The inspector saw evidence that residents were informed of insurance for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was adequately and regularly monitored. For example, there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. In addition, there were periodic reviews and audits conducted in different areas in order to assure that the systems in place were effective.

The provider had completed an annual review of the centre and some trends or themes from the year reviewed were noted along with an aim for the year ahead. However, in some places the review was very repetitive and a large portion of the review comprised of a summary of the provider last two six monthly reviews completed in the preceding year. In addition, some of the information provided appeared generic, for example, the admissions process as there have been no admissions to this centre for a long time. In one instance some information provided in the review was found not to be accurate in that it stated that, residents and their families were happy with the service and any issues raised during the survey were addressed individually. However, from a review of the surveys and from speaking with the person in charge, there did not appear to be any issues that were raised during the surveys in order to follow up on anything.

Additionally, on one resident's feedback questionnaire they had ticked yes for having a complaint; however, no follow up was completed in relation to whether this was accidentally recorded or whether the resident actually had a complaint at the time. The person in charge and the trainee manager had not been aware of this and as far as they were aware the resident did not have a complaint at that time.

Furthermore, the provider's audits did not pick up on a malodour in a resident's bedroom and en-suite.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract of care that laid out the services and conditions of their service, fees to be charged to the resident and they were signed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered them a comfortable and pleasant place to live.

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. In addition, residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk, for example they had access to a behaviour analyst. Any restrictive practices in place were logged and reviewed periodically by the rights committee.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. For example, staff had received training in safeguarding adults.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. Additionally, the provider had ensured that residents retained control of their personal property; residents had their own items in their home and these were recorded in a log of personal possessions.

The inspector observed that the premises appeared to be spacious and found it to

be for the most part clean. However, there were some areas identified for improvement, such as a mask used for a healthcare related task was observed to have powder residue on it.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed including generic and individual risks identified.

There were fire safety management systems in place in the centre, which were kept under ongoing review.

Regulation 12: Personal possessions

Residents were encouraged to spend their money as they saw fit and an inventory of their belongings was recorded. From a sample of residents' bank accounts each held one in their own name and residents minded their own bank cards when out in the community.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be adequate in meeting the assessed needs of the residents with different spaces available for privacy or recreation. It was found to be for the most part clean; however, some issues were identified with the premises. For example, there was a malodour in a resident's bedroom and en-suite. The provider had identified replacing the carpet in the room with a wooden floor and the inspector was informed it was to support with cleaning and for cosmetic reasons. The inspector acknowledges that replacing the carpet may help with the malodour in the bedroom; however, it would not address it in the en-suite.

Other areas that were observed were:

- the microwave was observed not to be clean yet on the cleaning checklist it had been ticked off as having been cleaned
- a mask of a medical device used for one resident was observed to have some residue on it and while it was confirmed that it had been cleaned it required a more thorough clean
- some slight mildew and residue was observed in a resident's toothbrush holder
- some slight mildew was observed in two bathroom areas
- some residue was observed on the hinge areas of some toilet seats.

The microwave was cleaned on the day of the inspection and the head of care

confirmed shortly after the inspection that the toilet seats were replaced.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

In addition, all incidents were reviewed by the person in charge and discussed at team meetings to promote shared learning among the staff team.

Furthermore, the centre's vehicle was observed to be taxed, insured and was booked for a service in December 2023. The vehicle was not due the national car test (NCT) by the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable firefighting, fire detection and containment measures in place in the centre. In addition, fire evacuation drills were periodically practiced and what supports residents required during evacuations were recorded in their personal emergency evacuation plans.

There were fire containment measures in place. However, the inspector observed that two fire containment doors had larger than recommended gaps either at the threshold or the door frame and one fire containment door would not close fully by itself. The door that would not close fully by itself was rectified on the day of the inspection and the provider gave written assurances shortly after the inspection that the door gaps had been rectified.

In addition, the inspector raised a query with the provider as to the fire alarm type that was in the centre as it was not clear from information provided as to what level of cover and type the alarm was. The provider submitted written assurances from their competent fire person what type of alarm system was in place and that the alarm type was suitable for the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need in place which identified their health, social and personal care needs. The assessment informed each resident's personal support plans which were up to date and suitably guided the staff team.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents presented with behaviour of concern or distress, the provider had arrangements in place to ensure those residents were supported and received regular review.

In addition, restrictive practices were logged and periodically reviewed by the rights committee. For example a particular seating position in the centre's vehicle for one resident and some locked doors in the centre.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken to were clear on what to do in the event of a concern. Residents were observed to appear relaxed and content in their home.

In addition, there were care plans in place that laid out what supports a resident required in relation to the provision of intimate care.

Additionally, there are regular reviews completed on residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents' rights were being protected by the methods for consultation with them. Staff were observed to listen to residents' opinions and support them in their decisions made. Residents were observed to have opportunities to make choices about their care, or how they spent their day.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Rockfield House OSV-0005716

Inspection ID: MON-0033009

Date of inspection: 28/11/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will review our annual report template to ensure it is not generic and details a clear individualised report on the operations and running of the centre for the previous year and any plans for the year ahead.</p> <p>We have met with the resident who filled out the feedback form and confirmed that the box detailing a complaint was ticked in error. The resident reports they are happy with the running of the centre and have no complaints. We will ensure there is a more rigorous review of these annual feedback forms going forward.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have replaced the wooden floor in a resident’s bedroom to resolve the odour issue. We have commissioned an external cleaning agency to do a deep steam clean of a residents ensuite to resolve any odour issues in the ensuite. This will be commissioned at any stage the odour returns to the ensuite.</p> <p>We have complete a deep clean of all medical equipment to ensure there is no mildew on any medical devise. We have added a more detailed cleaning check to the medical equipment log in the centre</p> <p>We have completed a deep clean of all areas of the centre to ensure there is no build-up of mildew in any area of the centre.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	11/12/2023
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	11/12/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with	Substantially Compliant	Yellow	15/01/2024

	standards.			
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