Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	06 November 2024
Centre ID:	OSV-0005716
Fieldwork ID:	MON-0045242

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 general practitioner (GP) services and a range of other allied healthcare professionals to 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

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 November 2024	10:55hrs to 17:25hrs	Karena Butler	Lead
Wednesday 6 November 2024	10:55hrs to 17:25hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted with a specific focus on how residents are safeguarded. From what inspectors observed, it was evident that the provider had a focus to promote a holistic, safeguarding culture and to ensure residents were safeguarded in their home.

However, the inspectors did find that improvements were required in specific areas of governance and management, and risk management in relation to one potential safeguarding concern. These areas will be discussed further, later on in this report.

The inspectors had the opportunity to met all five residents living in the centre. With the support of a staff member, three residents communicated that they were happy living in the centre. One resident chose not to speak with the inspectors and their choice was respected. The fifth resident spoke with the inspectors at different times and informed them that they were happy living in the centre and that the staff were nice. They informed one inspector that if they had any issues they would feel comfortable speaking to a staff member and felt they would be listened to.

The inspectors observed interactions between the residents and staff throughout the course of the inspection. In addition, they spoke with the person in charge, the trainee manager and the three staff members on duty and reviewed documentation over the course of the inspection.

Shortly after the inspectors arrived to the centre, one resident left to have lunch out. Another resident was attending a computer course and arrived back to the centre before heading off again with another resident for lunch out and to go shopping. Their support staff was going to support one resident to print pictures in order to make a collage, to remember their recent milestone birthday. One resident was attending an external day service during the day and enjoyed a visit from some of their family upon arrival home. Prior to the inspectors arrival, the fifth resident had gone shopping and purchased a new watch, which they proudly showed the inspectors. They later went for a visit to a nearby town and went to the shops as per their choice.

Staff were observed to be responsive to residents' verbal or body language cues. For example, a resident asked a staff member were they ready to go on their chosen activity when they themselves had decided it was a good time to leave. The staff member was quick to get ready and leave with the resident.

It was clear from observations that residents were comfortable with staff members, and that they were being supported in accordance with their needs and preferences. For example, staff were knowledgeable with regards to residents' healthcare supports both how to prevent episodes of ill health but also what warning signs to look out for and how to respond should they occur.

Staff were observed on different occasions to offer residents choice. For example, what they would like to do for the day.

The provider had arranged for staff to have training in human rights. One staff member spoken with was asked about how they were putting this training into everyday practice to promote the rights of the residents. They communicated that, the training had refocused them and that they ensured they promoted residents rights in all aspects of daily life. For example, what residents would like to eat and decisions about what they would like to do each day. They further explained that they believed to take away a person's rights is to take away the person.

One of the inspectors conducted a walkabout of the centre and found the centre had adequate communal and personal space for residents use and the building was well maintained. The garden was mostly a wraparound garden with some space for garden seating for residents' use and there was an area for parking.

The complaints procedure was displayed in a prominent place in the centre. One of the inspectors reviewed the complaints log, and found that there were no complaints since the last inspection. The centre did receive nine compliments in 2024 which related to, the care and support of residents and also in relation to the standard of a transition when one resident moved from this centre to another. One example compliment was, when a family representative had thanked staff for the 'wonderful care' provided for their family member.

One inspector also had the opportunity to speak to the parents of one resident in person who were attending the centre to visit their family member. They communicated that they were very happy with the service. They said that they had no concerns or complaints and would feel comfortable bringing any concerns to the centre staff if they ever had any. One parent joked with the inspector that they would love to live in the centre due to the brilliant staff and the great care given. They said that 'the staff couldn't be better and the person in charge was fantastic'. They said they observed staff to use respectful communication with residents and believed that their family member's rights were upheld. They also communicated that they had observed residents to receive good nourishing food.

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 an unannounced inspection with a focus to review the arrangements the provider had in place to ensure compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) and the National Standards for Adult Safeguarding (2019). It followed a

regulatory notice issued by the Chief Inspector of Social Services (The Chief Inspector) in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support. Furthermore, that safeguarding was more than the prevention of abuse, but a holistic approach that promoted people's human rights and empowered them to exercise choice and control over their lives.

One of the inspectors reviewed the provider's governance and management arrangements and noted that, there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there was an on-call system should staff require support out of hours. Also staff were familiar with the defined reporting structure should they have a concern.

However, improvement was required with regard to certain specific areas in relation to a recent serious risk that had come to the provider's attention. This will be discussed further under Regulation 23: Governance and management.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. One of the inspectors observed that, staff were in receipt of appropriate training which included refresher training. In addition, staff were in receipt of formal supervision and annual appraisal which was one method the provider was supporting staff to raise any concerns they may have.

While the inspectors did note that some areas required improvement, overall it was apparent that any concerns were taken seriously and appropriate actions were undertaken as required. It was evident that safeguarding was given high priority by the provider, the management team and the staff team.

Regulation 15: Staffing

The provider had appropriate staffing arrangements in place to safeguard residents. For example, from a review of a sample of rosters since September 2024, an inspector found that, there was a planned and actual staff roster in place maintained by the person in charge. The review demonstrated that, there were sufficient numbers of staff to meet the current needs of residents over both day and night.

From a review of the two most recent staff that joined the staff team, an inspector found that they had both received an induction and completed shadow shifts in the centre. This facilitated residents to get to know them prior to them completing required shifts and reduced the likelihood of incidents. The person in charge sought to use familiar staff to fill gaps in the roster, for example due to sick leave. This was to ensure continuity of care was provided to all residents and to promote a safe environment.

The inspectors spoke with the person in charge, the trainee centre manager and three staff members on duty during the course of the inspection. They were found to be knowledgeable about the support needs and any safeguarding requirements

for the residents. Interactions between staff and residents were observed to be gentle and professional.

One of the inspectors reviewed a sample of the Garda vetting (GV) for the three staff that were on duty on the day of the inspection. The inspector found that the three staff had received GV within the last three years. This demonstrated to the inspector that the provider had safe recruitment practices in place to safeguard residents.

Judgment: Compliant

Regulation 16: Training and staff development

An inspector viewed the staff training matrix and a sample of certificates across four trainings. This demonstrated that staff had received training in key areas of service provision in order to ensure staff knew how to safeguard and protect residents.

Training provided to staff included:

- safeguarding of vulnerable adults online
- in-house safeguarding
- children first
- first aid
- cardiac first response
- fire safety
- positive behaviour support.
- restrictive practice.

In addition, staff had received training in a number of area with regard to infection prevention and control (IPC). Those trainings would ensure that staff had the necessary skills and up-to-date knowledge in key areas of IPC. This was in order to safeguard residents from the risk of developing healthcare associated infections and manage infection control risks should they occur.

Additionally, staff were able to discuss the learning from various aspects of these trainings or were observed putting them into practice by the inspectors. For example, staff supported a resident who required support around transitions from one activity to the next. Staff used their positive behaviour support training to ensure the resident wasn't rushed and that the resident was afforded time and space when appropriate.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

Furthermore, there were arrangements in place for all staff to be trained in feeding,

eating, drinking and swallowing prior to the end of 2024.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place for oversight of the safety of the residents in the centre. For example, there was a clearly defined management structure in place and a staff spoken with was able to confirm the reporting structure to an inspector. They explained they would be comfortable reporting any concern to management if one arose.

There were various monitoring and oversight processes in place in relation to the safeguarding of residents. However, on the morning of inspection, the provider had failed to demonstrate that a serious risk to the provision of care relating to one resident was adequately assessed. In addition, an incident had occurred prior to the inspection which had the potential to negatively impact upon another person.

Although the provider had taken this issue seriously, a key element of care in the form of a protocol to facilitate safe community access, was not of a good standard. It failed to sufficiently guide staff in the prevention and management of a re-occurrence. This had the potential that staff may not be consistent in their approach or fully guided, should an further incident occur and therefore leaving a resident more at risk from themselves and potentially others. Under this regulation the provider was required to address those immediate risks that were identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed.

While the provider was responsive to the inspection findings and had addressed those identified issues prior to the end of the inspection, the inspection findings indicated that, sufficient governance and guidance was not in place prior to this inspection to fully guide the delivery of a significant aspect of care and risk management. This deficit had the potential to put a resident at risk of harm.

One inspector observed that, monthly staff meetings were held with a number of discussion topics as standing agenda items. For example:

- safeguarding
- incident reviews and learning from incidents
- restrictive practices
- risk assessments.

The inspectors were informed by the head of care for the organisation that prior to this inspection, and post incident, the provider had put arrangements in place that team meetings would be held every two weeks for a period. This was in order to ensure all staff were aware of any support requirements for the new admission to

the centre and to ensure consistency of approach.

From a review of the audits, actions were observed to be completed and a member of the provider's compliance team reviewed actions in order to provide additional oversight to ensure completion.

One of the inspectors reviewed the organisation's policy folder for the Schedule 5 policy that was present in the centre. Up-to-date polices ensure that the provider appropriately guides staff in line with best practice on how to support and keep residents safe, therefore safeguarding them from inappropriate practices. The inspector observed that the regulatory requirement in relation to the Schedule 5 policies were in place as all required policies were present and all were reviewed within the last three years.

Judgment: Not compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a high quality service which respected and promoted their rights.

Risk management arrangements, for the most part, ensured that risks were identified and monitored. However, some improvements were required on the day of the inspection to the risk assessment and guidance arrangements in order to manage one specific risk. For example, not all applicable information was contained in the protocol that guided staff in order to minimise the chances of the risk occurring.

The provider had appropriate arrangements in place for the assessment of residents' needs. Support plans were developed in order to guide staff as applicable, in order for staff to support the residents in the best possible way.

One of the inspectors reviewed the arrangements for positive behaviour supports in the centre. From conversations, observation and a review of documentation, the inspector found that there were appropriate arrangements in place. This meant that residents were safeguarded, as far as possible, from any negative consequences of their behaviour towards themselves or others.

While there were restrictive practices in place, for example specific seating arrangements for one resident in the centre vehicle, they were observed to be in place for the safety of the residents.

There were appropriate arrangements in place to safeguard residents from the risk of abuse. For example, there was an identified person in place who was assigned the role of designated officer with responsibility for overseeing safeguarding within

the organisation.

The inspectors observed that, the individual choices and preferences of the residents were promoted and supported by staff. Communication was promoted in relation to safeguarding as well as all aspects of daily life. Staff were found to be very familiar with the ways in which the residents communicated. For example, they were able to explain how they would recognise when a resident was not happy with something.

The premises was laid out in a manner that facilitated residents to have their own private and communal space depending on their preference and the environment was observed to be safe for the residents.

Regulation 10: Communication

It was clear to inspectors that residents' individual and collective communication needs were well catered for in this centre. Throughout the inspection, inspectors observed staff communicating and interacting with residents in a warm, caring and respectful manner. Residents had varied communication needs, with some using verbal language while others used some spoken words in addition to sounds, gestures, and body language. In addition, one resident had hearing loss and they predominantly communicated though the use of Irish sign language.

The centre had a very pleasant atmosphere and inspectors observed staff members and residents chatting freely, and interacting openly throughout the inspection. Staff members discussed residents' individual plans for the day and and it was apparent that these interactions were an everyday practice in this centre. For residents with additional communication needs, staff were observed to take their time when supporting them as to ensure that residents had time to process any information which was shared. An inspector also reviewed a communication plan for a resident and found it was informative and gave a good outline of the resident's individual support needs.

Information in regards to safeguarding, rights and advocacy was clearly displayed and these topics were discussed with residents at their monthly key working sessions. The provider had distributed these documents in an easy-to-read format which assisted in residents' understanding of these key areas of care. In addition, residents also attended a monthly advocacy meeting where they discussed issues and topics within their home.

Throughout the inspection, inspectors reviewed documents, such as personal plans, risk assessments, minutes of meetings and residents' daily progress notes. Inspectors found that all documents were written in a respectful manner and it was clear that residents were the sole focus in the provision of care.

Staff who met with an inspector, had a good understanding of residents' individual communication needs. One staff member spoken with explained how a resident, who had hearing difficulties, in addition to Irish sign language, also used the

centre's communication diary and calendar to inform themselves of events, such as birthdays. In addition, the staff member described the benefits of social stories to explain to the resident when their day service would be closed for holidays.

Residents were observed to sit and relax while watching television and residents could purchase their own magazines or newspapers if they so wished. In addition, the centre had a mobile phone which ensured that residents could stay in regular contact with their respected families.

Judgment: Compliant

Regulation 17: Premises

The designated centre was a moderate sized, detached house located on an individual site in the country side. It was within a short drive of a large town where residents socialised and also accessed local shops, restaurants, barbers and public houses. The centre was well maintained both internally and externally and residents had free access to all communal areas of their home.

The safeguarding of residents included providing a safe living environment. It was clear that residents considered the centre their home. Residents had access to two reception rooms in which to relax and there was also a large open plan kitchen/dining area. The centre was also comfortably furnished and warmly decorated with art, and pictures of residents' family and friends.

Each resident had their own en-suite bedroom, which they could they could lock, and each bedroom had suitable storage for their personal possessions. A resident proudly showed both inspectors their bedroom on separate occasions and they stated that they loved their room and they were satisfied with the facilities which were in place in the designated centre.

In addition, residents also had access to laundry facilities and they were free to launder and manage their own clothes, if they so wished.

Judgment: Compliant

Regulation 26: Risk management procedures

One inspector reviewed both risk and incident management systems on the day of inspection. Although, many aspects of this area of care were held to a good standard, improvements were required in regards to some elements of safety and risk.

Following the admission of a new resident, the centre had been subject to an

increased risk in regards to safety and the delivery of care. As previously discussed, on the morning of inspection, the provider failed to sufficiently demonstrate that this risk was effectively managed and risk assessed. A senior manager attended the centre and gave assurances in regards to the management and oversight of risk which was in place prior to this inspection. The manager acknowledged, that better clarity was required in regards to the associated risk assessment, and a revised risk assessment was implemented prior to the conclusion of this inspection. The revised risk assessment included evidence of additional assessments, senior management reviews and increased staff supervision which had occurred, and it was signed off by the senior manager, quality officer and also the person in charge. Although, this was a positive response from the provider, it also indicated that improvements were required in regards to the regular updating of relevant and serious risks in the centre.

The provider had a system in place for recording, responding and monitoring of incidents, accidents and adverse events. Although there were a low level of incidents in this centre, a significant event had occurred in the weeks prior to this inspection. This event did not result in any direct harm, but the potential for this event to have a negative impact on another individual was clearly evident. The provider had responded promptly to this event, with additional guidance issued to staff and a full review by senior management. However, a protocol which was introduced to mitigate the risk of a re-occurrence was of a poor standard and did not give sufficient guidance in the delivery of care. The provider was requested to review this document, prior to the conclusion of the inspection, to ensure it was of a suitable standard. In response, the provider completed a review of this protocol and stated that it would be discussed with staff as they came on shift and also at the upcoming team meeting. Again, this was a positive response from the provider, it also indicated that sufficient guidance was not in place prior to the inspection to guide the delivery of a significant aspect of care.

As mentioned above, improvements were required with regards to a specific risk and a protocol for the delivery of care; however, the management of other individual risks were held to a good standard. Risk assessments were in place in regards to issues which could directly impact on individual residents and also the delivery of care. Risks, such as behaviours of concern, self harm, smoking, and intimate care were in place and kept under scheduled review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had appropriate systems in place for the assessment of residents' needs and they ensured that personal plans were in place as required.

One of the inspectors reviewed the assessment of need and personal plans of two residents and observed that, there were plans in place for any identified needs. For

example, the inspector observed that, there was a swallow care plan in place to help manage an identified risk of potential choking for an individual. A staff member spoken with was familiar as to how to support the resident and signs of choking to observe for when required. The compliance manager communicated to the inspector that the plan was due be reviewed prior to the end of 2024, as a new speech and language therapist was now employed.

Plans also included information to staff on how to prevent occurrences of some healthcare risks to residents and staff were familiar with regard to warning signs to observe for. The majority of plans reviewed by the inspector had received a review date within the last year. This ensured that information provided to staff was accurate, clear and facilitated staff to provide care in line with residents' assessed support needs.

Two staff spoken with very familiar as to the support requirements for the residents which were in line with their assessed needs which in turn reflected the information contained in their personal plans. Staff could explain their role in ensuring the safety of residents in these areas.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who used this service required some additional supports with regards to behavioural support. The provider had ensured that a qualified person was available to guide in the delivery of this area of care.

All residents who used this service were assessed as requiring some interventions and staff told inspectors that in general, the majority of residents required minimal interventions. One resident had been recently admitted to the service and a behavioural support specialist had attended the centre on a regular basis to assess and formulise a behavioural support plan to meet their needs. The person in charge stated that their behavioural support plan was nearing completion and would be available to staff in the weeks subsequent to the inspection.

Staff informed inspectors that one resident required daily support with their behaviours and an inspector reviewed their behavioural support plan. This plan had been reviewed by the providers' behavioural specialists on at least an annual basis and it gave a concise, yet detailed account of the resident's support needs. Staff explained that, the resident had difficulty with transitions, especially when returning to the centre. This was clearly stated in the associated behavioural support plan with adjustments like; space, time and the use of an external area used to good effect to minimise the likelihood of an occurrence of behaviours of concern. Staff who met with one of the inspectors had an good understanding of the resident's behavioural needs and they spoke confidently of the measures which were implemented on a daily basis. A review of the incident reporting system and daily progress notes

indicated that all residents were well supported with their behavioural support needs.

There was minimal use of restrictive practices in this centre and in general, residents had free access to all communal areas of their home. The centre's office was locked when staff were not present and it was observed to remain open throughout the inspection.

Due to safety concerns, a seating plan was required for one resident when using the centre's transport and two residents that were prescribed a chemical intervention were also under the care of a mental health team. It was clear that all restrictive practices were avoided where possible and if required, they were used where all other avenues had failed. Each restrictive practice was risk assessed and an oversight committee attended the centre twice yearly to assess progress in regards to reducing or eliminating where possible.

In addition, residents met with the oversight committee and these practices were discussed at residents' individual meetings. It was evident that residents were actively consulted in regards to the use of restrictive practices and the provider demonstrated that there was an open and transparent culture in this centre.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans required in this centre and residents who communicated verbally with an inspector stated that they felt safe in their home and they got on well with each other and staff who supported them. The centre also had a pleasant atmosphere and inspectors observed residents going about their own affairs, free from restrictions and negative interactions.

Information in relation to safeguarding was clearly displayed and the provider had appointed a person to manage any allegations of abuse which may occur. Staff who met with the inspectors had a good understanding of safeguarding procedures and they could name the person set out to manage all received allegations. In addition, intimate care plans were in place and a staff member clearly outlined residents' individual care requirements and spoke openly in regards to promoting residents' independence with regard to their personal and intimate care needs.

Safeguarding was a key aspect of care and the provision of easy-to-read safeguarding documents demonstrated that the provider was committed to keeping residents informed of associated procedures and who to go to if they had a concern. Staff used these documents at individual meetings with residents to guide and educate residents and overall inspectors found that safeguarding was well promoted with residents.

The provider also had safeguarding assurances mechanisms in place. All staff who

supported residents had completed mandatory safeguarding training and additional refresher training was also in place which ensured that staff were kept up-to-date with any changes or developments. The provider had also ensured the vetting disclosures were in place for all employed staff, which again assisted in ensuring that residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that residents' rights were actively promoted and residents who met with inspectors considered the centre their home.

Each resident had their own bedroom, which they could lock and the centre also had an adequate number of reception rooms for residents to receive visitors in private, if they so wished. Inspectors also observed that residents' personal information was stored securely and all documents reviewed were written in a respectful manner. Some residents choose to maintain control over their finances and a resident who met with an inspector stated that the staff team had helped them with budgeting and managing their money.

The provider had facilitated staff training in regards to human rights and staff members who met with inspectors stated that it helped them to re-focus on the importance of human rights. The provider had also introduced easy-to-read information on human rights and guidance on how to access advocacy services was clearly displayed in the centre.

The provider ensured that the centre was well resourced, and residents had good access to their local amenities such as restaurants, banking institutions, post office and shops. Both staff and transport were readily available to residents and there were no limitations in regards to community access.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	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-0045242

Date of inspection: 06/11/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have implemented a new provider risk assessment to review and implement provider led control measures which identifies the risks associated to the provision of care of one resident and which informs the local centre risk assessments. We have reviewed and updated the protocol in place to guide staff on safe community access pertaining to one resident and to sufficiently guide staff on the prevention and management of such an incident re-occurring.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: We have implemented a new provider risk assessment to review and implement provider led control measures which identifies the risks associated to the provision of care of one resident and which informs the local centre risk assessments. We have reviewed and updated the protocol in place to guide staff on safe community access pertaining to one resident and to sufficiently guide staff on the prevention and management of such an incident re-occurring.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	06/11/2024
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	06/11/2024