



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

Issued by the Chief Inspector

Name of designated centre:	Rosenheim
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	30 August 2022
Centre ID:	OSV-0005330
Fieldwork ID:	MON-0032496

About the designated centre

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

The designated centre is run by the Health Service Executive (HSE) and is located outside a town in Co. Sligo. The centre consists of two adjacent residential houses in a housing estate. The centre provides residential services to people with an intellectual disability, who have been identified as requiring low to high levels of support. The service can accommodate male and female residents, from the age of 18 upwards. Each of the two houses provide accommodation for four residents. Both houses are two-storey dwellings and have a communal kitchen and dining area, sitting-room, bathroom facilities and all residents have their own bedrooms. Transport arrangements are in place to access community-based activities and include shared transport between the houses, public buses and taxis. The houses are staffed with a mix of nursing staff and health care assistants, with night duty cover arrangements in the two houses to support residents with their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 30 August 2022	10:30hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what the inspector observed on the day of inspection, it was clear that residents in Rosenheim had a good quality life where they were supported to be active participants in the running of their home and be involved in their communities.

This designated service had experienced changes in recent times. This included an increase in staff members employed at the designated centre and the transition of temporary staff to permanent employment. This meant that there were improvements in the day to day lived experience of the residents as they had increased support. There was also a change in the bedroom arrangements provided as one resident has moved to a downstairs bedroom and another resident had moved to another designated centre. Therefore, there was one vacancy on the day of inspection.

The inspector met with three residents on the day of inspection. Two residents were sleeping in and were observed rising from their rooms at a time of their choice. They told the inspector about a weekend trip to Galway which they said that they enjoyed. One resident spoke about shopping and showed the inspector the items that they bought. This resident was observed moving around their home, making choices about what they wanted and completing these actions independently. For example, choosing what to eat for lunch and preparing a sandwich independently. After lunch, they retired to the sitting room where they turned on the television and tuned it to a channel of their choice. Later, they were asked if they wished to go on a trip to the shops. They agreed that they would like to do so and on return, they reported that they enjoyed the outing. A second resident was observed returning from their day service and using a manual sign system to communicate with staff in order to request their lunch. It was clear that the staff on duty were familiar with the resident's communication style and they were observed providing prompt support. The inspector found that there was a pleasant atmosphere in this designated centre, where residents presented as comfortable with the staff support provided and staff were attentive and responsive to residents' needs.

This designated centre comprised of two semi-detached properties adjacent to each other and linked via an internal doorway. The properties were based in a residential area on the outskirts of a busy town. Each property had a communal kitchen and dining room which were clean, tidy and well presented. The sitting rooms were located at the front of the house. Most bedrooms were upstairs, however one resident had recently moved to a downstairs bedroom and this was reported to be working well. This resident showed the inspector their room. It was cheerfully decorated and the resident told the inspector that they chose the paint colour. Personal items were displayed including family photographs and there was a television available if required. The person in charge told the inspector about recent improvements to the premises. These included painting and decorating, the addition of a stove to the sitting rooms and new front doors on both premises. Further plans

were in place, for example; to remove the shower from the downstairs toilet in one of the properties. The external areas of the properties had cheerful planted areas, well maintained lawns and the access ramps were recently cleaned.

There were a number of notice boards and posters displayed throughout the centre. Most were easy-to-read to support residents understanding. Information was displayed in relation to the risks associated with the COVID-19 pandemic. A system was in place to support residents with menu planning and a copy of this was displayed. This included a photo album which contained pictures of the food choices enjoyed by the residents. This meant that residents were supported to exercise choice in their daily lives.

The person in charge and staff nurse on duty told the inspector that residents had good contact with their friends and families. This was supported through visits home, hosting visitors and telephone calls. Furthermore, it was clear that the residents living at Rosenheim were actively involved in their local communities. This was supported through the transport that was provided. Residents told the inspector about a recent overnight trip to Galway which they enjoyed greatly. They also went to a concert recently and regularly enjoyed shopping trips, trips for coffee and going out for lunch and dinner and getting their hair done. Some residents enjoyed horse riding while others preferred to go swimming. If residents preferred to stay at home, this was facilitated by the staff on duty. For example, one resident choose to retire from their day service and they were involved in home and community based activities. Staff support was available during the daytime in order to support this need and the needs of others that may be at home on different days of the week.

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

Capacity and capability

The inspector found that there were management systems in place in Rosenheim which ensured that the service provided was safe, consistent and appropriate to residents' needs.

The provider had prepared a statement of purpose which was available in writing and contained the information set out in Schedule 1 of the regulations. This had been reviewed recently and updated to reflect the changes in the service provision for example; the decrease in resident numbers and changes in the organisational reporting structure.

The person in charge worked full-time and was responsible for one other designated centre. They were present on the day of inspection along with a staff nurse who was very familiar with the service provided. This showed that there was a defined management system with clear lines of authority and support in place. The inspector

spoke with two further staff members and they were aware of this structure and of how to seek assistance if required. Staff spoken with told the inspector that they were happy working in the service, that there were good communication systems in place and that the person in charge was supportive. Furthermore, they felt that the recent improvement in staffing levels had a positive impact on the lives of the residents. For example; one resident could go to their day service a little later than usual which was helpful to her. The staff roster was viewed and found to be an accurate reflection of the staff due to work that day. An on-call arrangement was in place which provided relief staff if required. These staff members were reported to be familiar with the residents, their support needs and with the designated centre. This ensured that consistency of care was provided.

Staff had access to training as part of a continuous professional development programme. A new training matrix was introduced recently and a sample of mandatory and refresher training modules were reviewed. The inspector found that these were up-to-date. Staff supervision sessions were taking place for staff members and for the person in charge in line with the provider's policy. One staff member told the inspector about an elective palliative care and bereavement training programme that they attended recently. They said that they found this very useful as a resident living in the designated centre was bereaved and grieving. The staff member said that the knowledge learned was helpful in supporting this resident. This showed that the person in charge and the staff team were aware of the residents' support needs and that they proactively followed up on opportunities for enhanced support.

The provider ensured that an annual review of the service occurred each year, which provided for consultation with residents and their families and the unannounced six-monthly provider led audit was up to date. There were systems in place for regular internal audits to occur in the areas of health and safety, safeguarding, medication audits, fire safety and infection prevention and control. The person in charge had a quality improvement plan (QIP) in place which captured information on improvements identified by this audit system. The QIP also included actions identified from HIQA inspections if relevant. As previously mentioned, the inspector found that this centre had a defined management structure and good communication systems in place. It was appropriately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector reviewed the incident management system used. This was found to effectively gather information on incidents that may occur and to provide opportunities for follow up. The inspector found that any adverse incidents that required reporting to the Chief Inspector were completed in a timely fashion and in line with the requirement of the regulation.

A complaints policy was available in the designated centre which included a right to appeal. Easy-to-read guides were available for residents on their right to make a complaint and on how to make a complaint. The person in charge had a complaints log in place. There were no open complaints on the day of inspection. Two closed complaints were reviewed. The inspector could see that where residents raised a concern, they were actively supported to have their voice heard and to use the

complaints policy if they choose to do so. Both of the complaints reviewed were addressed effectively, in line with the policy in place and then closed.

Overall, the inspector found that Rosenheim was found to provide good quality, person-centred care to residents and the management team were responsive to the individual needs of residents. The staff working in the centre were trained and supported in their role and there were appropriate systems and processes in place to underpin the safe delivery and oversight of the service provided.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff provided was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training as part of a continuous professional development programme. A new training matrix was introduced recently and a sample of mandatory and refresher training modules were reviewed. The inspector found that these were up-to-date. Staff supervision sessions were taking place for staff members and for the person in charge in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that an annual review of the service occurred each year and the unannounced six-monthly provider led audit was up to date. There were systems in place for regular internal audits to occur and a quality improvement plan (QIP) was in place. The centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was available in writing and contained the information set out in Schedule 1 of the regulations. This had been reviewed recently and updated to reflect the changes in the service provision for example; the decrease in resident numbers and changes in the organisational reporting structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that any adverse incidents that required reporting to the Chief Inspector were completed in a timely fashion and in line with the requirement of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was available in the designated centre which included a right to appeal. Easy-to-read guides were available for residents on their right to make a complaint and on how to make a complaint.

Judgment: Compliant

Quality and safety

This centre supported the care and welfare needs of residents through the systems and structures in place. There was evidence of residents' involvement in decision making and the centre was found to promote residents independence. It was evident throughout the documentation review that residents were consulted about the running of the house and about their day-to-day activities. However, some improvements were required in the infection prevention and control measures used between the two properties and this will be expanded on below.

Residents were supported to achieve the best possible health and wellbeing. They had access to a general practitioner and to a variety of allied health professionals in

accordance with their assessed needs. Multidisciplinary meetings took place if required. There was evidence of ongoing monitoring of identified health risks, such as regular access to consultant led services for example, for a resident that required gastroenterology support. This support was provided in consultation with a dietitian and a speech and language therapist if required. This showed that a person centred circle of support was in place to support this residents assessed healthcare needs. Furthermore, residents had access to national screening services if they were eligible for such supports and had an up-to-date healthcare passport on file.

A sample of safeguarding practices used in this centre were reviewed and the inspector found that residents were adequately safeguarded against potential abuse. The provider had a safeguarding policy in place and this was up-to-date and reviewed regularly. Where a concern arose, this was followed up on promptly by the person in charge and in line with safeguarding procedures. Safeguarding plans were developed as required. Safeguarding was a standing agenda item at staff meetings which were held regularly in the centre. From the training sample reviewed, all staff had training in safeguarding and protection of vulnerable adults and access to designated officers was provided. Staff spoken with were aware of who the designated officer was and of what to do if a safeguarding concern arose. Furthermore, the person in charge had a safeguarding awareness tool in place. This was used to audit staff knowledge and understanding of safeguarding principles and this tool was reported to be helpful and effective.

Systems were in place in this designated centre for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and kept under regular review. For example; the person in charge attended a monthly incident review group. This was reported to provide support on assessment and management of risk and to assist with shared learning. It was evident that the staff spoken with had a good understanding of collaborative risk mitigation. For example, they told the inspector about a risk identified in relation to a bruising and a resident's skin integrity. Actions taken included cushioning hazards, consultation and assessment by the occupational therapist, updated care planning and review of risk assessment.

The provider ensured that there were systems in place for the prevention and control of infection including COVID-19. These included a safety pause at the front door, staff training, guidance in the form of posters on display and availability of hand sanitisers and personal protective equipment (PPE). The COVID-19 self assessment tool was available and up to date. The provider had a site specific contingency plan in place and this included person specific isolation plans if required. However, the inspector found that staff members regularly moved from one house to another using both internal and external access routes. Hand sanitisers were not provided at these points of entry and exit and this required review.

Overall, the inspector found that residents in this designated centre had a high standard of care and support provided, where their healthcare needs were supported and where they were safeguarded from abuse. Rosenheim provided well equipped and comfortable homes which were welcoming, spacious and met with the

assessed needs of the residents. Some improvements in the measures in place to prevent and control the spread of infection were required in order to further improve the quality of care and support provided.

Regulation 26: Risk management procedures

Systems were in place in this designated centre for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and kept under regular review.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection including COVID-19. The COVID-19 self assessment tool was available and a site specific contingency plan was in place. However, hand sanitisers were not provided at all points of entry and exit and this required review.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that each resident had an appropriate healthcare plan which was regularly reviewed. Access to the support services of allied health professionals was provided.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and process in place which ensured that residents were adequately safeguarded against potential abuse. This included a safeguarding policy which was up-to-date and reviewed regularly. Where a concern arose, this was followed up on promptly by the person in charge and in line with safeguarding

procedures. Safeguarding plans were developed as required.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosenheim OSV-0005330

Inspection ID: MON-0032496

Date of inspection: 30/08/2022

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none">• The Registered Provider has ensured that systems are in place for the prevention and control of all infectious diseases.• The Person in Charge has ensured hand sanitizers are now in place at all points of entry and exit within the centre. Completed on 31/08/2022.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2022