



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:	Announced
Date of inspection:	24 October 2023
Centre ID:	OSV-0005330
Fieldwork ID:	MON-0032474

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 24 October 2023	09:30hrs to 15:00hrs	Úna McDermott	Lead
Tuesday 24 October 2023	09:30hrs to 15:00hrs	Catherine Glynn	Support

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, inspectors met with a resident and spoke with staff. From what the inspectors observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home and to be involved in their communities.

Rosenheim comprised two semi-detached properties adjacent to each other and linked via an internal doorway. The properties were based in a residential area close to a busy town. Inspectors found that the houses provided met with the assessed needs of the residents at the time of inspection. However, the residents were advancing in age and at a risk of falls. The provider was aware of this and they were closely monitoring the residents' ability to access all areas of their home safely. In addition, due to their age, the houses were beginning to show signs of wear and tear. Overall, this centre provided the residents with a comfortable home in a good location. They were warm, welcoming and nicely decorated. Each property had a communal kitchen and dining room. The kitchen units in the first house were well presented and the area was clean and tidy. The kitchen units and wall tiles in the second house had signs of wear and therefore were difficult to keep clean. In both kitchens, the paintwork on the walls was marked and scuffed in places. There was a utility area in the second house which included storage space and a toilet. This was accessed through a door from the kitchen. Inspectors found that this utility area required maintenance and repair. The toilet unit was worn, the wall tiles were damaged and the woodwork required repair. The shower unit was not used at the time of inspection and it required removal or upgrading. In addition, there was a step from the kitchen to the utility area. Due to the falls risk mentioned, the access to this room required review. The sitting rooms were located at the front of the house. One had a new suite of furniture and both provided a pleasant area for resident to enjoy. Seven bedrooms were upstairs and one was downstairs. Some were decorated recently. They were bright and cheerful with personal items displayed. A garden was provided to the rear of each property. The provider had cleared some trees growing there and had plans to further enhance the space provided. Ramped entry and exit points were provided which were appropriate for the residents assessed needs.

On arrival, inspectors met with the person in charge. Five residents had left the centre to attend their day services. One resident was observed enjoying their breakfast and preparing for their day. They were sitting in a companionable way with the staff member on duty and there was a pleasant atmosphere in the house. The resident held short conversations with the inspectors. They spoke about the people that they lived with and about what they liked to do with their time. They said that they were happy in their home. The interactions between the resident and

the staff members were kind and considerate. Later, they left to attend an exercise class and to go for lunch. One resident was unwell and was recuperating at another location. Once well, they were due to return to their home if safe to do so.

Inspectors met with staff members on duty on the day of inspection. When asked, they told the inspectors about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred rights based approach in their work. They spoke about the principles of human rights and of ways that they involved residents in understanding their rights. This will be expanded on under regulation 9 below.

Overall, inspectors found that the residents at Rosenheim were provided with a good quality, person-centred and rights based service where they were active participants in their community and in the running of their home. The staff employed were familiar with residents' support needs and attentive to their requirements.

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 provided.

Capacity and capability

Inspectors found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review. However, some improvements with staff training and maintenance of the premises provided were required in order to further enhance the quality of the service provided.

As outlined, this inspection was completed to monitor compliance and to inform a registration renewal application. The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation. A contract of insurance was in place.

The management structure consisted of a person in charge who had started working in Rosenheim in spring 2023. They told the inspectors that were responsible for one designated centre at the time of inspection. They said that they were supported in their role by the assistant director and director of nursing. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The provider had a statement of purpose which was available for review. It had been revised recently and contained the information required under Schedule 1 of the regulation. It was available in easy-to-read format for residents use. The policies

and procedures required under Schedule 5 of the regulation were prepared in writing, were reviewed regularly and were available to read in the centre.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. This included staff who were available at the designated centre during the day should a resident wish to remain at home. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available, an on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. However, some mandatory training modules were out of date. The person in charge had a plan to correct this and was working with the staff, trainers and the provider to ensure that all staff were trained in line with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review. A review of incidents occurring found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed if required in line with the requirements of the regulation.

Overall, Inspectors found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place. However, a review of the training matrix found that not all training modules were up to date. For example;

- two staff members required training in moving and handling
- two staff members required training in first aid
- two staff members required training in positive behaviour support

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspectors found that the service provided in Rosenheim was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community. As outlined, some improvements in staff training and maintenance of the premises would further improve the quality and safety of the service provided.

Residents living at Rosenheim had a residents guide. This included their terms of residency and a summary of the services and facilities provided. It was available in easy-to-read format. In addition, the inspectors found that there were a number of other easy-to-read communication tools on display or available in the centre. They were designed with the support of the speech and language therapist and they supported residents' independence.

Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents were involved in setting goals through their personal planning meetings. Examples of goals included; horse riding, basketball, dancing classes, exercise classes and social farming. Longer term goals included planning for nights away. Recently, the residents enjoyed a trip to London to see a show which they were reported to enjoy.

The inspectors found that the designated centre was operated in a manner that respected the rights of each resident. Staff were provided with training in human rights. They supported residents to understand the importance of their own human right by participating in human rights events. Recently, residents went to a human rights awareness event. They made a poster on principles of human rights and were proud to win a prize. Residents meetings were taking place on a weekly basis where they made decisions about their care and support and to plan their daily lives. There were no environmental restrictions in place as one was removed since the last inspection. This was planned by staff members and supported by the provider's human rights committee. Its removal enhanced the lived experiences of all residents living at Rosenheim.

The provider ensured that residents were protected from abuse. There were no safeguarding concerns at the time of inspection. The safeguarding policy was up to date. Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. Residents were reported to be happy living together. There was a vacancy in this centre. The provider was ensuring that if an admission occurred that a comprehensive compatibility assessment would occur and an unhurried transition plan would take place.

As outlined, the premises provided met with the assessed needs of the residents at the time of inspection. However, areas of the property required maintenance and refurbishment. This included repairs to a kitchen and utility area, painting of the kitchen and dining rooms and review of the access arrangement to the toilet in one property. The provider had an arrangement in place for the safe and secure storage of medicines and medicine records in the dining rooms of both properties. A review of these arrangements found that they were met with the requirements of the regulation. Visitors to the centre were welcomed and there were no restrictions in place. Adequate communal areas for visiting were provided.

Effective management systems were in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual

risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks. In addition, the provider had arrangement in place to protect the residents from the risk of healthcare associated infections. Policies and guidance on infection prevention and control were provided. Staff were provided with training and vaccination programs were in place. An outbreak contingency plan was in place for use if required.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspectors found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Improvements to the premises provided and to the arrangements to provide staff with training would further enhance the good quality of the service provided.

Regulation 10: Communication

Residents were supported to communicate in accordance with their needs and wishes. Access to speech and language therapy was provided and there were a range of visual communication tools used around the house. Internet services were available for residents use.

Judgment: Compliant

Regulation 11: Visits

Visits to the designated centre were facilitated in line with the residents' wishes and without restriction. Suitable visiting areas were provided.

Judgment: Compliant

Regulation 17: Premises

Overall, this centre provided the residents with a comfortable home in a good location. They were warm, welcoming and nicely decorated. Due to their age, the

houses were beginning to show signs of wear and tear as follows;

- the kitchen units and wall tiles in the second house had signs of wear and were difficult to keep clean
the paintwork on the walls of both kitchen and dining rooms was marked and scuffed in places
the utility area required maintenance and repair. The toilet unit was worn, the wall tiles were damaged and the woodwork was chipped.
the shower unit required removal or upgrading.
the arrangements in place to access this area via a step required review.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had a residents' guide available in easy-to-read format which met with the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that residents at risk of a healthcare associated infection were protected by the infection prevention and control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had some fire safety management systems in place including

arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for the ordering, receipt, storage and administration of medicines. Medicine records were stored in a safe and accessible place. Medicines were stored securely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that residents were protected from abuse. The safeguarding policy was up to date. Staff had access to safeguarding and protection training and were aware of the identity of the designated officer.

Judgment: Compliant

Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosenheim OSV-0005330

Inspection ID: MON-0032474

Date of inspection: 24/10/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The person in charge has ensured that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme • The person in charge has an overall training plan for all Mandatory and Site specific training to meet the needs of the Designated Centre • The person in charge has completed a review of the training matrix and now has training scheduled that includes refresher training for two staff members that require training in moving and handling 27/11/2023 <p>two staff members that require training in first aid 30/11/2023 and two staff members that require training in positive behaviour support 5/12/2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The registered provider has ensured the premises of the designated centre are of sound construction and are kept in a good state of repair externally and internally • The registered provider has ensured that the premises of this Designated Centre has been escalated to the Service Manager and Disability Service Manager in relation to the construction works needed. • The person in charge has identified the following requirements on the Quality Improvement Plan for completion in Q2 2024 which includes replacement of the kitchen units, wall tiles and painting. • The person in charge has identified on the Quality Improvement Plan the replacement of a shower unit and a level access ramp from the kitchen into the bathroom to ensure the safe access for all residents Q1 March 2024 • The person in charge has completed a risk assessment in relation to all the above 10/11/2023. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	05/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2024