



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

## Issued by the Chief Inspector

Name of designated centre:	Rosenheim Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0005330
Fieldwork ID:	MON-0028113

## 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:	8
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2020	10:50hrs to 16:25hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

The inspector got the opportunity to meet briefly with seven residents during the inspection. Residents were observed to be comfortable in their environment, with staff and with each other. One resident who recently moved to a downstairs bedroom in the designated centre spoke to the inspector about this and appeared very happy with her new bedroom and shower facilities, saying that she didn't need to go up and down the stairs now. Staff and the resident spoke with the inspector about how the resident had chosen the colours and accessories for the bedroom and the resident offered to show the inspector her new bedroom.

During the inspection residents were observed to be engaging in in-house activities including completing jig-saws, watching television and looking through photo albums. Some residents showed the inspector some artwork that they had completed recently. Residents spoke about what they were having for dinner and said they were happy with their choice. One resident was gone out for a walk with a support staff at the time, so the inspector did not get to meet them. One resident spoke about missing their day service during the COVID-19 public health restrictions and she was reassured by staff supporting her. There was evidence in residents' meeting notes that residents were kept up to date with the public health measures and supported to understand this by use of social stories and easy-to read documentation.

In addition, the inspector got the opportunity to meet with three staff who were working on the day of inspection. Staff noted how residents' quality of life had improved with the changes that had been implemented since the last inspection of this centre. This included increased staffing levels which allowed residents to enjoy more one-to-one time for activities of choice, and changed bedroom arrangements which meant that all residents now had their own bedrooms and bedrooms that were more suitable for their needs. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect.

## Capacity and capability

Since the last inspection of this centre in October 2019, an application to vary had been completed to reduce the number of houses that formed the designated centre from five to two houses. The reduction in the size of the centre formed part of the compliance action plan arising out of the inspection in October 2019 to bring the centre back into compliance with the regulations. This inspection was carried out to monitor compliance with the regulations, and to follow up on the actions that had

been identified to bring the centre back into compliance.

The inspector found significant improvements in the governance and management of the centre, which led to an improvement in the safety and quality of care of residents. The provider had strengthened the oversight arrangements by the management team, which ensured that residents received a quality and safe service. There were regular management team meetings held since the last inspection, which focused on compliance with the regulations and actions required to ensure ongoing compliance with the regulations and standards. This demonstrated good governance by the management team of the operational management of the centre, and their commitment to ensure ongoing reviews of the quality and safety of care of residents.

The person in charge worked full-time and was responsible for another designated centre which was located nearby. There was a system in place for regular internal audits in the centre in areas such as complaints, safeguarding issues, medication, health and safety, finance and report writing. Findings from audits and incidents that occurred were discussed at staff meetings. The person in charge was aware of their responsibilities to inform the Chief Inspector of Social Services of notifications as required in the regulations, and with regard to outbreaks of COVID-19.

The staffing levels in the centre had improved since the last inspection. On the day of inspection it was found that the centre was adequately resourced with a suitable skill-mix for the needs of residents. The provider was in the process of converting temporary staff to permanent staff to ensure continuity of care. Some of this had already been completed with outstanding actions to finalise this under ongoing review by the management team.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature and identified areas for improvement which were under ongoing review.

There was a good local complaints management procedure implemented in the centre to ensure that complaints were responded to in line with the organisation's procedure. Complaints was a standing agenda item at weekly residents' meetings. In addition, there was evidence that the management team had reviewed the complaints process, including staff's understanding of what a complaint is. This meant that issues raised by residents could be addressed in line with the complaints procedure. There was a complaints log in place which was reviewed by the inspector and demonstrated that staff were responsive to issues raised by residents. There was an easy-to-read version of the complaints procedure, which was available in the centre and contained details of who the nominated complaints person was and details of the appeals process.

## Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the designated centre, and was aware of their responsibilities under the regulations. The person in charge had recently taken over the management of this centre and demonstrated good knowledge about the running of the centre and residents' needs.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the numbers and skill-mix of staff on the day of inspection ensured that residents were supported in a safe and person-centred manner. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had strengthened the governance and management of this centre since the last inspection in October 2019. The management systems in place ensured that the service provided was safe and person-centred. The provider ensured that an annual review of the quality and safety of care of residents was carried out and that provider led audits and unannounced visits took place. Management meetings and staff team meetings took place regularly and allowed for opportunities to learn from findings in audits, develop staff knowledge and facilitated staff to raise any concerns.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that notifications were submitted to the Chief Inspector in line with the requirements as set out in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was available in an easy-to-read document for residents. A review of the complaints log indicated that complaints were taken seriously by the provider, and that concerns raised by residents were followed up in line with the organisation's procedures. Complaints were a standing agenda item at residents' meetings.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents quality of life had improved since the last inspection with the changes in the environment and staffing levels enhancing the lived experience for residents. It was found that residents received a good quality and safe service and that there were suitable governance arrangements in place which ensured good oversight and monitoring by the management team.

Residents' rights were promoted by the use of training to educate residents about human rights and safeguarding. In addition, a review of resident house meetings demonstrated that discussions occurred with residents about choices in activities, shopping and meals. A sample of residents' daily records was reviewed and demonstrated that residents had choice about contact with family, times to get up at, exercise options and activities to engage in. Residents spoken with talked about their choice of meals and their participation in decorating their bedroom.

There was evidence that since the last inspection residents were given more opportunity to enhance their general welfare and development in line with their wishes. One resident had returned to a day service in line with their wishes and needs, with another resident supported in their choice to retire from their day service and have day programmes facilitated from home. This was reviewed with the multi-disciplinary team and plans had been discussed to progress this prior to the COVID-19 restrictions. At the time of inspection residents were adhering to the public health guidelines for COVID-19, and were not attending day services. During the inspection residents were observed engaging in activities such as local walks, artwork, completing jigsaw puzzles and writing. Staff informed inspectors that residents also had the opportunity to enhance their welfare and development at this time by use of advocacy programmes which were sent out from day services and Youtube exercise videos.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained and regularly reviewed by the person in charge. The person in charge demonstrated a good understanding of risks within the centre, and specific risks which may impact on residents had risk management plans in place, including the impact of COVID-19 restrictions on residents' wellbeing. A significant risk that had been identified on the last inspection regarding a resident with mobility issues



who was located in an upstairs bedroom had been mitigated against, by the re-location of the resident to a downstairs room and adapting the environment so that there was ease of access to their bedroom and shower facilities. There was evidence that there were ongoing reviews of risks occurring and actions required to mitigate against risks were included on the centre's quality improvement plan, where required.

The provider ensured residents' safety while staying in the centre. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. Safeguarding was discussed with the staff team at regular team meetings. Residents were supported to develop the awareness and skills to self-protect by training in safeguarding and discussion at residents' meetings.

Residents had personal emergency evacuation plans in place which were detailed and reviewed as required. Regular fire drills were carried out and the inspector was told that the relocating of one resident with mobility concerns to a downstairs bedroom had been very positive, with the fire drill records demonstrating an improvement in safe and timely evacuation of residents and staff since this move. Staff spoken with were knowledgeable about the evacuation plan. One resident who the inspector spoke said they would go out the front door of their bedroom in the event of the fire alarm sounding.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents and regular teleconferencing meetings with the management team. The person in charge had completed a self-assessment for the preparedness and contingency planning for a COVID-19 outbreak. The person in charge ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. A review of training records demonstrated that staff had received training in COVID-19 and associated infection prevention and control measures. There was a folder with easy-to read information about COVID-19 for residents and the inspector observed appropriate practices in place in the centre.

### Regulation 13: General welfare and development

Residents were supported to access facilities for occupation and recreation in line with their wishes. During the COVID-19 pandemic, residents were given opportunities for recreation in house such as; art, writing, puzzles, watching movies and accessing the internet for exercise classes. In addition, residents were supported to maintain personal relationships with families by use of telephone calls and skype.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk assessments were carried out for identified risks in the centre and were subject to ongoing review by the management team. The person in charge had a good understanding of risks within the centre, and specific risks which may impact on residents had risk assessments completed and support plans in place to mitigate against the risks.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider ensured that there were systems in place to maintain and review infection and prevention control procedures. Staff were trained in infection and prevention control and associated training with regard to COVID-19. Residents were supported to understand the public health measures and advice with regard to minimising the risk of infection from COVID-19. The person in charge maintained a folder containing risk assessments, up-to-date public health guidance, contingency plans and had completed the self-assessment for preparing for an outbreak of COVID-19.

Judgment: Compliant

## Regulation 28: Fire precautions

The person in charge ensured that regular fire drills were carried out and that regular checks were completed on the fire safety management systems. All residents had personal emergency evacuation procedures in place which detailed supports they needed to evacuate safely, and these were under ongoing review.

Judgment: Compliant

## Regulation 8: Protection

Both staff and residents received training in safeguarding and human rights awareness since the last inspection. Safeguarding was a standing item on the team meeting agenda and was discussed with residents at house meetings. There was a safeguarding procedure in place and there was evidence that any concerns of

a safeguarding nature was taken seriously and procedures followed.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make decisions about their day-to-day lives and offered choice in activities and meals. A sample of residents' records showed that residents were given choice and control in their daily lives; including choices with regards to activities, meals, exercise, making phone calls to family and what time to get up at. Two residents who had previously shared a bedroom now had their own bedroom which gave them more privacy and staff reported that the residents were delighted with this change.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant