Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rosenheim Services
Centre ID:	OSV-0005330
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Ann Gilmartin
Lead inspector:	Anne Marie Byrne
Support inspector(s):	Stevan Orme
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
14 March 2017 09:20	14 March 2017 16:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for residents and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential

Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

Inspectors met with seven residents, two staff members and the person in charge during the inspection process. The centre consists of five houses in close proximity to each other, all five houses were visited by inspectors during the course of the inspection. Inspectors reviewed practices and documentation, eight residents' files, three staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is managed by the Health Service Executive (HSE) and is located outside Sligo town. 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 years upwards. Three of the houses provide accommodation for four residents, one of the houses provides accommodation for three residents and one of the houses provides accommodation for five residents. There were no vacancies or planned discharges at the time of inspection.

The person in charge had overall responsibility for the centre and is based in the centre on a full-time basis. The person in charge visits each house daily to meet with residents and staff. All houses are two-storey dwellings and have a communal kitchen and dining area, sitting room area, bathroom facilities and bedroom spaces for residents.

Overall judgment of our findings:

This was a five outcome inspection and these outcomes related to social care needs, health, safety and risk management, safeguarding and safety management, governance and management and workforce. While the provider had made some improvements since the last inspection in September 2015, some actions from the previous inspection had not been completed at the time of this inspection. Inspectors found one outcome to be compliant with the regulations, three outcomes in moderate non-compliance and one outcome in major non-compliance.

The findings and their actions are further outlined in the body of the report and the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were found to have a comprehensive assessment of their health, personal and social care needs and these assessments were reviewed on a regular basis. Residents were encouraged and supported to engage in regular social activities. However, inspectors found improvements were required to residents' personal goal development.

On the day of inspection, some residents were attending day-care services, some were attending concerts and some residents were facilitated to stay in their home for the day. Residents regularly participated in various life skill programmes with some residents recently having graduated from these. Residents had opportunities to regularly dine out, attend community based classes and events. Residents were also regularly supported to have home visits. Within each house in the centre, residents had access to nearby local transport. However, inspectors found staffing arrangements at weekends did not always support the assessed social care needs of residents. Where residents required one-to-one staff support for social outings, adequate staffing levels were not always in place to meet this assessed residents' need. Staff reported that this often meant that social outings could not occur due to limited staffing. The PIC informed the inspectors that a business case had been submitted for additional social care support for the centre. The outcome of this business case had not been determined at the time of inspection.

There was a system in place to ensure residents' personal plans and personal goals were reviewed on an annual basis, a key worker system was in place to support residents with this review. Residents were actively involved in the review of their personal plans and goals and they also had access to their personal plans. Staff informed inspectors that some residents did not wish to develop annual goals. In such cases, staff identified

short term goals with residents instead and action plans were developed following this. However, these action plans did not clearly identify those responsible for supporting the residents to achieve their goals within agreed timeframes.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were some systems in place to manage and review risk within the centre. Actions required from the previous inspection were satisfactorily completed; however, improvements were required to fire safety and risk management.

Each house within the centre had a risk register which was regularly maintained by the person in charge. Since the last inspection a system for the monthly review of adverse events was put in place. These reviews informed the planned risk management activities for the centre. However, inspectors found the centre was not responsive to all risks identified. For instance, management had not responded to risks identified in relation to partitioning doors located between two of the centre's houses. Similarly, where risks were identified for residents who wished to smoke, adequate control measures were not put in place to ensure residents' safety when smoking.

The centre had recently provided fire doors with magnetic closers. Fire extinguishers and fire panels were regularly maintained and guidance on each houses' fire zones was prominently displayed in hallways. Regular fire drills were carried out within each of the five houses and records demonstrated that all residents were evacuated from the centre in a timely manner. Staff spoken with were aware of what to do in the event of a fire in the centre and of how to support residents to evacuate. Staff also informed inspectors how they would seek additional support during a night time evacuation if this support was required. However, evacuation arrangements had not been identified for residents residing in upstairs accommodation if the downstairs fire exits were inaccessible in the event of a fire.

Personal emergency evacuation plans (PEEPs) were in place; however, some required updating to guide staff on the current evacuation procedures for residents. Fire procedures were displayed within each centre; however, these referenced the use of whistles in the event of a fire and did not inform staff or residents where the assembly point was for each house. The person in charge informed inspectors that previous fire

evacuation practices did involve the use of whistles to alert residents of an evacuation, but that this practice was no longer in operation. Fire safety training was provided to all staff upon induction and on a refresher basis thereafter. However, at the time of inspection some gaps in this training was identified by inspectors.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were systems in place to protect residents from being harmed or suffering abuse. Measures were in place to support residents experiencing behaviours that challenge. There were no actions required from the centre's previous inspection. This inspection identified some improvements were required in relation to staff training in safeguarding.

There were residents experiencing behaviours that challenge in the centre. The support of a behavioural specialist was available to staff on the management of these behaviours. Behavioural support plans were in place and were found to provide staff with guidance on the recommended proactive and reactive strategies assessed for specific residents' behaviours. Staff spoken with were very familiar with these behaviours and of their responsibilities to support these residents on a daily basis.

There were some safeguarding plans in place at the time of inspection. These were found to be comprehensive and provided clear guidance to staff on how they were required to safeguard residents. Staff were knowledgeable of the centre's safeguarding policy and of their responsibility to report any safeguarding concerns. Staff had up-to-date training in safeguarding.

There were no restrictive practices in place within the centre at the time of inspection.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Of the two actions required form the centre's previous inspection report, one action remained incomplete. Inspectors found that the governance arrangements for the management of risk still required improvements.

The person in charge had overall responsibility for the centre and was supported in her role by the provider. Inspectors met with the person in charge who demonstrated a clear understanding of her role and legislative responsibility. The person in charge was based in one of the five houses and visited the remaining houses daily. Staff informed inspectors that the person in charge was supportive and was approachable at all times. The person in charge had arrangements in place for staff supervision and was in the process of completing these at the time of inspection. Residents recognised her as the person in charge of the centre and were observed to interact very well with her. Governance related documentation was well maintained by the person in charge and provided clear guidance on the current status of various governance activities which where in place.

An annual review of the centre was completed in September 2016 and the provider had conducted the most recent unannounced visit of the centre in February 2017. The centre had action plans in place based on the findings of non-compliance identified during unannounced visits, annual reviews and quality improvement initiatives. However, a review of these action plans by inspectors demonstrated poor deadline achievement and to adherence to timeframes for the completion of actions. For example, of the 54 actions identified in a quality improvement plan, 13 actions were overdue. Inspectors also found repetition in the actions identified in the action plans. For example, the need for additional staffing hours was documented on two of the four current action plans reviewed by inspectors, with this action being carried forward since January 2016. Similarly, actions relating to providing additional shower facilities and handrails were carried forward from previous action plans to existing ones, with no resolution. In addition, there was no evidence available that these overdue actions had been reviewed to bring these action plans back within measurable timeframes.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Actions relating to this outcome from the previous inspection findings were not complete. Inspectors found improvements were still required to the maintenance of Schedule 2 documents. Furthermore, gaps were identified to the maintenance of consistent staffing levels at weekends to ensure continuity in meeting the assessed social care of residents.

There was a planned and actual roster for each house within the centre. Additional staff support was recently appointed to assist with the completion of resident related documentation. Each house within the centre had access to regular nursing support as required.

Although residents had opportunities to participate in social activities during the week, the lack of staff support at weekends meant residents did not have the same opportunities for social engagement. For instance, inspectors found that where residents wanted to remain in their homes at the weekend, there were no staff available to support residents to do this while scheduled activities were occurring. Instead, residents were supported to visit other houses in the centre until such a time as staff returned back to the centre. This was previously identified by the centre in January 2016 and an analysis of the number of additional hours required and how these would be deployed within the houses was completed. However, the person in charge informed the inspectors that no definite timeframe had been established detailing when these additional staffing hours would be approved.

Training was provided to staff in areas such as hand hygiene, behaviours that challenge, manual handling, epilepsy management and safe administration of medications. A training record was maintained by the person in charge which outlined the dates staff last received training in these areas. However, upon review by inspectors, it was found

that not all staff had received up-to-date training.

Inspectors reviewed a sample of staff files and found not all documents were maintain in accordance with Schedule 2 of the regulations.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anne Marie Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005330
Date of Inspection:	14 March 2017
Date of response:	06 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that personal plans identified the names of those responsible for pursuing objectives in the plan within agreed timescales.

1. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The PIC will ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales by the below date.

Proposed Timescale: 07/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed put risk management systems in place to manage identified risks associated with:
- Partitioning arrangements between some houses within the centre
- Smoking arrangements for residents who wished to smoke.

2. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The Registered Provider has arranged for the reconstruction of the existing partitioning arrangements between some houses within the centre and the installation of a 1 hour fire door. This work will be completed by the below date.

The PIC has completed a risk assessment and has put in place adequate control measures for the resident who wishes to smoke outside. This action was completed on the 31.03.2017

The PIC has reviewed the centre's Health & Safety Statement inclusive of risk management. This action was completed on the 31.03.17.

Proposed Timescale: 10/05/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed put in place effective fire safety management systems in relation to

evacuation and fire training arrangements.

3. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
The PIC has implemented a specific fire safety management system in relation to fire evacuation for the five houses under this designated centre on the 31.03.17
The PIC will ensure that all staff currently working within the designated centre have received fire training by the below date.

Proposed Timescale: 12/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to put in place an effective management system to ensure deadline achievements were met in accordance with the assessed needs of residents and of the centre.

4. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A new Acting Assistant Director of Nursing is appointed with direct line management and oversight responsibility for the PIC of this designated centre. The PIC will be rostered in this Designated Centre on a weekly basis to provide further governance and oversight within the designated centre. A standardised set of audits to include Person Centred Planning, Medication Management, Hygiene and Health & Safety have been agreed and put in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: Complete 03.03.17 and ongoing

Proposed Timescale: 03/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The provider failed to ensure that the number, qualifications and skill mix of staff was consistently appropriate to the number of residents and their assessed needs.

5. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider has allocated additional staffing resources for the designated centre to facilitate individualised community activities.

Proposed Timescale: Completed on the 1st April 2017

Proposed Timescale: 01/04/2017
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all information and documents as specified in Schedule 2 were obtained for all staff.

6. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The PIC will ensure that all information and documents outlined in Schedule 2 will be completed by the below date.

Proposed Timescale: 13/04/2017
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure staff had received up-to-date training and refresher training in accordance with the centre's policy and procedure.

7. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

PIC will have ensured that all staff will have received up to date training in accordance with the centre's policy by the below date in the following; Hand Hygiene Fire Safety Safeguarding Manual Handling Studio 3
Proposed Timescale: 18/05/2017