<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peamount Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005223</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Peamount Healthcare</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Robin Mullan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jim Kee</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Linda Moore</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 May 2015 09:00   To: 19 May 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<tr>
<td>Outcome 16: Use of Resources</td>
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<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection
This was an announced inspection by the Health Information and Quality Authority (the Authority) in response to an application by Peamount Healthcare to register a new centre under the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The inspection assessed the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013.

The application submitted by the provider was to provide accommodation for a maximum of six adults within a single storey renovated building located in South County Dublin. As part of the application for registration, the provider submitted
documentation relating to compliance with fire safety and planning requirements. The new centre consisted of a five bed room, wheelchair accessible bungalow with one self contained one bed apartment. The inspection included a visit to the premises, where the inspectors met staff, and reviewed documentation including care plans, medical records, staff training records and policies and procedures. Questionnaires completed on behalf of two residents who were under consideration for transfer to the new centre were also reviewed, and contained positive feedback about the prospect of moving to the new centre.

There was a plan to transfer up to five residents from an existing centre located on the same campus to this new centre. There had been some consultation with residents and families regarding a possible transfer to the new centre but at the time of inspection a definitive list of proposed residents was not available.

Evidence of good practice was found across all 18 outcomes, with 14 outcomes deemed to be fully compliant with the Regulations. The outcome on safe and suitable premises was found to be in major non compliance with the Regulations. Three outcomes were found to be moderately non compliant, and these included health and safety and risk management, medication management and the statement of purpose.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations.
| 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 01: Residents Rights, Dignity and Consultation |
| Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure. |
| Theme: |
| Individualised Supports and Care |
| Outstanding requirement(s) from previous inspection(s): |
| This was the centre’s first inspection by the Authority. |
| Findings: |
| There were structures in place to ensure that residents would be consulted and participate in decisions about their care, and the organisation of the centre. |

The inspector was informed that the system of four weekly house meetings in which the residents currently participated would be continued when the residents transferred to the new centre. These meetings gave residents the opportunity to discuss activities, planned trips and any other topics residents wished to discuss.

A comments box had been installed in the entrance hallway of the centre, and the inspector was shown the complaints policy in accessible format. There was a detailed policy and procedure for managing complaints to ensure that all complaints were appropriately investigated and resolved.

There had been some consultation with residents and families regarding a possible transfer to the new centre but at the time of inspection a definitive list of proposed residents was not available. The inspector was informed that more extensive consultation would be conducted prior to the transfer, and that processes would be put in place to ensure residents personal possessions were accounted for and managed at all stages of the transfer.

| Judgment: |
| Compliant |
## Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
There was a communication policy in place. The inspector reviewed the communication passports for a number of the proposed residents, and found that they detailed the individual communication requirements of the residents concerned. Staff with whom the inspector spoke were knowledgeable of residents' communication needs. The residents had access to a speech and language therapist for assessment of communication skills, and the inspector reviewed one such report. Residents had access to a telephone and televisions would be transferred with the residents.

**Judgment:**  
Compliant

## Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector was informed that the centre would have an open visiting policy, and that arrangements would be put in place for residents to receive visitors in private, and space suitable for private visits was available in the building. Resident personal plans contained a section on 'my circle of support', and discussions with staff indicated that families were encouraged and facilitated to get involved in the lives of residents.

The new centre was located in close proximity, and within the same campus, as the centre in which proposed residents currently resided ensuring that links with the community could be maintained.

**Judgment:**  
Compliant
### Outcome 04: Admissions and Contract for the Provision of Services

**Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There were policies available detailing the admissions and discharge process. Residents being considered for admission to this new centre all currently resided in centres provided by Peamount Healthcare. The inspector was shown a draft version of the proposed contract of care, and an information document outlining the main points of the contract of care was available in a more accessible format.

**Judgment:**
Compliant

### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors reviewed a sample of the personal plans for some of the proposed residents, and these contained the assessments of the residents' health, personal, social care and support needs, and care plans to address identified needs. The personal plans reviewed contained information on the resident's meaningful activities and living environment, and the associated person centred plan mentioned the possibility of moving to the new centre. There was also a form to review personal outcome planning.
The inspectors also reviewed the transfer application form that would be completed for residents before moving to the new centre. This form detailed the multi-disciplinary team (MDT) input from medical, social work, occupational therapy, physiotherapy, and speech and language therapy including assessments and reports. This information in association with the resident profile, relevant risk assessments, personal outcome measures information including person-centred plans and any multi-element behaviour support plans would all be reviewed to generate an action plan for the transfer.

Staff assured the inspectors that residents and their families would be consulted about moving to the new centre once a definitive list of proposed residents had been developed, and that all necessary supports, including training in new life skills would be provided to residents.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

This was the centre’s first inspection by the Authority.

**Findings:**

The location, design and layout of the centre were found to be suitable for its stated purpose. However, the inspectors found that some alterations were necessary to the premises to ensure compliance with the Regulations and to meet residents' needs.

The new centre consisted of a five-bedroom, wheelchair-accessible bungalow with one self-contained one-bed apartment. There was an access door between the main building and the self-contained apartment. The five bedrooms in the main building were all of a sufficient size, and on the day of inspection the centre was unfurnished. It was intended that furniture would be moved from the centre in which the residents currently resided, when residents moved to the new centre. There were three wheelchair-accessible toilets, one large bathroom (containing a bath) and one shower room (containing the only shower) located in this part of the centre. The shower room was not of a sufficient size to facilitate assisted showers for residents, and staff informed the inspector that the proposed residents required assistance with showering. The communal space consisted of one large living area, a small partially equipped kitchen and another communal room with a separate toilet. The living area had a doorway to facilitate access to the grounds.
at the rear of the building but this doorway was not wheelchair accessible. The space available within the kitchen was limited, and the inspectors discussed this with the person in charge on the day of inspection with a view to installing cooking facilities within the large communal living area ensuring easy access for all residents. A laundry area was located at the end of the hallway. The self contained apartment consisted of a kitchen/living area and a large en suite bedroom. The kitchen had not been sufficiently equipped at the time of inspection but the inspector was informed that suitable appliances would be installed to suit the needs of the resident. The doorway in the bedroom was intended for use as the main entrance into this apartment even though there was an emergency exit in the kitchen/living area. The use of the doorway in the bedroom as the main entrance to the apartment was not appropriate to ensure the privacy and dignity of the resident was maintained at all times. On the day of inspection there was no suitable secure storage available to store residents' or staff personal and confidential records in any part of the centre. The inspector checked the temperature of the hot water supply within the centre and found that the temperature ranged from 68 to 69 degrees Celsius. The hot water temperature required regulation to ensure there was no risk of scalding.

Judgment:
Non Compliant - Major

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):
This was the centre's first inspection by the Authority.

Findings:
There were policies and procedures in place for risk management and emergency planning. However the health and safety statement and risk register required updating.

There was a detailed internal emergency response plan in place which detailed the procedures to be followed in the event of a range of different circumstances including fire, flood and abduction of a resident. The health and safety statement had not been updated to include the new centre. The risk register also required updating with identified risks associated with the new centre. The organisation as a whole on the campus was very proactive in the area of risk management, and arrangements were in place for investigating and learning from incidents involving residents.

The locks on the doors in the large communal living room in the main part of the centre and in the bedroom of the self contained flat required keys to exit from the building. There needs to be provision to ensure that residents and staff can quickly evacuate the building using these exits if necessary.
Fire fighting equipment including fire extinguishers and a hose reel had been installed in the building. A new fire alarm system had also been installed, fire doors were in place, and emergency lighting was provided. Staff had received fire training, and a fire drill was scheduled to take place before residents moved into the centre. Personal evacuation plans were not available at the time of inspection, although information on residents evacuation needs was included in the residents' care records.

**Judgment:**
Non Compliant - Moderate

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**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

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

This was the centre’s first inspection by the Authority.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse, including a safeguarding committee. Staff had up to date training on the protection of vulnerable adults, and staff spoken to during the inspection were knowledgeable of the reporting procedure.

There were personal hygiene care plans in place for the proposed residents to ensure personal care was delivered appropriately.

The inspector reviewed the behaviour support plan that was in place for one of the proposed residents of the centre, and found that the plan was detailed, and included information on the various phases of the concerning behaviour and sufficient information to guide staff in responding to these behaviours.

**Judgment:**
Compliant
### Outcome 09: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
- Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector discussed the practice in relation to the recording of incidents with the clinical nurse manager who will be working within the centre, and the current system was found to be satisfactory. There was a system in place to ensure notification to the Chief Inspector of all required incidents.

**Judgment:**
- Compliant

### Outcome 10. General Welfare and Development

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
- Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector discussed the opportunities for residents to participate in activities with staff, and was assured that the transfer would not disrupt residents' access to their day service or any of their activities.

**Judgment:**
- Compliant
**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
There was a system in place to ensure that residents' health care needs would continue to be met through timely access to health care services.

At the time of inspection the proposed residents had access to General Practitioner (GP) services, including an out of hours service. The GP visited the centre three days per week, and it was planned that this would continue in the new centre. Review of a sample of resident care records indicated that residents' health needs were being appropriately assessed, and care plans were in place to meet the identified needs. Residents also had good access to a range of allied health care professionals including physiotherapists, dentists, speech and language therapists, social workers, a pharmacist and occupational therapists, and access to these services would continue in the new centre.

The inspector was informed that residents in the new centre would continue to have access to the main kitchen for all their main meals, and that a variety of snacks would be available as required. There was also a plan to support residents to get involved in preparing food if desired.

**Judgment:**  
Compliant

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**Outcome 12. Medication Management**  
*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
There were policies and procedures in place for medication management that would be implemented in the new centre.
The inspector reviewed a sample of drug prescription and record charts for proposed residents of the centre, and noted that the name of the prescriber was not always clearly indicated on the chart. Prescriptions were reviewed on a three monthly basis. There were protocols in place for the administration of PRN (as required) medicines to be used in the event of epileptic seizures. There was a system in place in other designated centres within the campus for the pharmacist to conduct audits, and this would continue in the new centre. There was no comprehensive internal audit performed that analysed all aspects of medication management. At the time of inspection secure storage for residents' medicines was not available.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The statement of purpose required substantial revision to comply with the Regulations.

The statement of purpose submitted to the Authority outlined the aims, objectives and ethos of the designated centre. However the statement of purpose did not contain the following information as detailed in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
- criteria used for admission to the designate centre, including the designated centre's policy and procedures (if any) for emergency admissions.
- The number, age range and gender of the residents for whom it is intended that accommodation should be provided.
- A description either in narrative form or a floor plan of the rooms in the designated centre including their size and primary function.
- Any separate facilities for day care
- The organisational structure of the designated centre was not clear
- The section on the arrangements made for respecting the privacy and dignity of residents was not sufficiently detailed
- The arrangements for residents to engage in social activities, hobbies and leisure interests
- The arrangements for residents to access education, training and employment
- The section outlining the fire precautions and associated emergency procedures was not sufficiently detailed.
- The section on arrangements made for dealing with complaints was not sufficiently detailed.

Judgment:
Non Compliant - Moderate

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):
This was the centre's first inspection by the Authority.

Findings:
Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a system in place to conduct audits and reviews of the safety and quality of the service. There was a clear management structure in place. The person in charge was the director of nursing for the campus, and was appointed as person in charge for a number of designated centres, although the role was under review at the time of inspection. The person in charge was appropriately qualified and had the requisite skills and experience necessary to manage the designated centre. The person in charge was supported by an assistant director of nursing, and a clinical nurse manager to ensure the effective operational management and administration of the designated centre.

Judgment:
Compliant
### Outcome 15: Absence of the person in charge

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any such absence.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that sufficient resources were being made available to the centre to ensure the effective delivery of care and support to the potential residents.

**Judgment:**
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **Theme:** |
| Responsive Workforce |

| **Outstanding requirement(s) from previous inspection(s):** |
| This was the centre’s first inspection by the Authority. |

| **Findings:** |
| The inspector was shown a proposed staff roster for the new centre and found that the staff numbers and skill mix were appropriate to meet the assessed needs of the residents under consideration for transfer to this centre. This roster was subject to change based on the profile of residents, and the transition plan when the list of residents to be transferred had been finalised. This proposed roster included two healthcare assistants/multitask attendants on duty from 8am to 8.30pm each day with one healthcare assistant/multitask attendant on duty at night from 8.30pm to 8am within the main building. The healthcare assistants and multitask attendants on the roster currently all work in the centre within the campus where the majority of the residents under consideration for transfer reside, to ensure continuity of care. The self contained apartment would be staffed by one healthcare assistant/multitask attendant at all times. Household support would be provided from 8am to 2pm five days each week. It was intended that the centre would be managed by the Clinical Nurse Manager 2, who currently manages the centre in which the majority of the proposed residents for the new centre reside. The Clinical Nurse Manager would continue to manage both of these centres initially and nursing support would also be available from other centres within the campus if required. |

| The inspector spoke at length to the Clinical Nurse Manager 2, and also to one of the healthcare assistants, who were both very knowledgeable of the residents and their individual needs, and were very resident focussed. The staff members on the proposed roster had up to date mandatory training. There were plans to introduce a system of performance review for staff working in the centre. |

| **Judgment:** |
| Compliant |
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The designated centre had all of the operational policies as required by Schedule 5 of the Regulations available.

Judgment:
Compliant
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:

Jim Kee
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>19 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 June 2015</td>
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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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The only shower room in the main part of the centre was not of a sufficient size to facilitate assisted showers for residents.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
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<th><strong>Proposed Timescale:</strong> 12/06/2015</th>
<th><strong>Theme:</strong> Effective Services</th>
</tr>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td><strong>The doorway in the living area was not wheelchair accessible.</strong></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A wheelchair accessible ramp has been installed.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 12/06/2015</td>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td><strong>The space available within the kitchen was limited and not suitable to meet the needs of residents.</strong></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A worktop area which will facilitate residents to make simple snacks has been provided and this will be reviewed with a view to enhancing in line with resident preferences, once they have settled in to their new home.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 12/06/2015</td>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td><strong>The doorway in the living area was not wheelchair accessible.</strong></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A wheelchair accessible ramp has been installed.</td>
</tr>
</tbody>
</table>
The use of the doorway in the bedroom of the self contained apartment as the main entrance to the apartment was not appropriate to ensure the privacy and dignity of the resident was maintained at all times.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The door of the living area in the apartment has been modified to facilitate entrance through that area as opposed to through the resident’s bedroom.

**Proposed Timescale:** 12/06/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no suitable secure storage available to store residents' or staff personal and confidential records in any part of the centre.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
A storage area for files and records has been provided within the centre.

**Proposed Timescale:** 12/06/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector checked the temperature of the hot water supply within the centre and found that the temperature ranged from 68 to 69 degrees Celsius. The temperature of the hot water supply within the centre was not adequately regulated to ensure there was no risk of scalding.

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
Thermostatic controls have been applied to all sinks to regulate water temperature.

**Proposed Timescale:** 12/06/2015

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The health and safety statement had not been updated to include the new centre. The risk register also required updating with identified risks associated with the new centre.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Safety Statement is due for review in August 2015 and the centre will be included by name in the revised version. The risk register is currently being populated as risks are identified.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 30/09/2015

| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| Personal evacuation plans for residents being considered for transfer to the new centre were not available at the time of inspection. |
| **Action Required:** |
| Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations. |
| **Please state the actions you have taken or are planning to take:** |
| Personal evacuation plans are in place for each resident |

**Proposed Timescale:** 12/06/2015

| The Registered Provider is failing to comply with a regulatory requirement in the following respect: |
| The locks on the doors in the large communal living room in the main part of the centre |
and in the bedroom of the self contained flat required keys to exit from the building. There needs to be provision to ensure that residents and staff can quickly evacuate the building using these exits if necessary.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
Thumb turn locks have been fitted to all external doors to facilitate speedy evacuation.

**Proposed Timescale:** 12/06/2015

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### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
At the time of inspection secure storage for residents' medicines was not available.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Secure storage for medication has been provided.

**Proposed Timescale:** 12/06/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no comprehensive internal audit system that analysed all aspects of medication management.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
An agreed audit tool and schedule of audit to address safety of medication
management in the centre will be agreed and implemented.

**Proposed Timescale:** 30/09/2015  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The name of the prescriber was not always clearly indicated on the prescription chart.

**Action Required:**  
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**  
GPs will be reminded of the requirement to write clearly and legibly.

**Proposed Timescale:** 30/06/2015

**Outcome 13: Statement of Purpose**  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The statement of purpose did not contain the following information as detailed in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
- criteria used for admission to the designate centre, including the designated centre's policy and procedures (if any) for emergency admissions.
- The number, age range and gender of the residents for whom it is intended that accommodation should be provided.
- A description either in narrative form or a floor plan of the rooms in the designated centre including their size and primary function.
- Any separate facilities for day care
- The organisational structure of the designated centre was not clear
- The section on the arrangements made for respecting the privacy and dignity of residents was not sufficiently detailed
- The arrangements for residents to engage in social activities, hobbies and leisure interests
- The arrangements for residents to access education, training and employment
- The section outlining the fire precautions and associated emergency procedures was not sufficiently detailed
- The section on arrangements made for dealing with complaints was not sufficiently detailed.
**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The statement of purpose is currently being revised to ensure compliance with the regulations.

**Proposed Timescale: 30/06/2015**