### Centre name:
A designated centre for people with disabilities operated by Peamount Healthcare

### Centre ID:
OSV-0003505

### Centre county:
Co. Dublin

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Peamount Healthcare

### Provider Nominee:
Robin Mullan

### Lead inspector:
Valerie McLoughlin

### Support inspector(s):
Linda Moore

### 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 ongoing regulatory compliance. This monitoring inspection was un-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.

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This was an announced follow up inspection of Peamount Healthcare Neurological Disability Service to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. Inspectors visited the designated centre on the campus where they met with residents and staff. They also met the person in charge and the management team. There were no relatives visiting at the time of inspection.
Inspectors observed practice and reviewed documentation such as personal care plans, medical records, accident and incident records, minutes of meetings and policies and procedures.
Inspectors found that the governance arrangements had improved but required further development to ensure appropriate supervision of the delivery of care.

Inspectors found that the provider and the person in charge had a responsive approach, and a commitment to meeting the regulations and in ensuring that
residents had a high quality of health and social care.

Inspectors found that considerable work had been undertaken in improving the risk management process in the centre and that this had a positive influence on the atmosphere and on the standard of quality and safety in health and social care of residents. Fire safety measures had improved.

Evidenced based policies were in place to guide practice and staff had received additional training as required and this was reflected in the care delivered. Overall residents assessed needs were being met to a high standard and where the service could not meet residents' needs appropriately, transition plans had been established to begin to move towards ensuring that the resident's needs could be met in a more suitable location. This is a work in progress. The statement of purpose had not been fully amended in line with the regulations.

Some improvements had commenced in the premises but addition work was required to meet the requirements of the Regulations.

Inspectors found that twenty of the actions had been met within the agreed time frames and five actions were partially met.

Four actions had not been met, however the time frame for completion had not expired. These non compliances are discussed in the body of the report and included in 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors reviewed the complaints procedure and found that it now contained, the name, contact details and photograph of the new complaints officer. The complaints leaflet was available and accessible to residents and family members. Residents spoken with were aware of who they could make a complaint to. The complaints log had been amended to include a space to record the satisfaction of the complainant. There had been one verbal complaint recorded since the previous inspection and this had been managed in accordance with the policy and to the residents satisfaction. Therefore this aspect of the action plan has been met.

Since the previous inspection the management team had carried out a review of all activities and the daily routines in the centre. More dependent residents also appeared to have an improved quality of life as a result of the staffs efforts to change the daily routine. An extra activities staff member was in post and was actively involved in meeting more dependent residents social goals, for example taking residents into town for the day, and arranging for residents to spend time with their family at home. Therefore this aspect of the action plan has been met.

The clinical nurse manager (CNM 2) and staff ensured residents had access to meaningful activities on a daily basis based on their assessed needs. Inspectors reviewed personal plans, completed by the key worker which outlined residents likes and dislikes and personal goals. Residents told inspectors about the activities that they were involved in such as drama, art therapy, world news discussion group, internet computer studies, yoga and Tai Chi. Therefore this aspect of the action plan has been
Staff rescheduled their breaks and reviewed their work schedule around the residents' needs. Staff explained that this was a work in progress, but they felt it was worthwhile and effective. Additional training was scheduled for staff to enhance the social aspect of residents' lives and to ensure care plans are reflective of residents' assessed needs. Therefore this aspect of the action plan has been met.

Inspectors observed some staff spending quality time with residents having a chat by the bedside, while other residents went out around the grounds in their wheelchairs with staff support. Residents and staff told inspectors how they enjoyed a day out at the races and residents were looking forward to a planned outing to Blooms. Therefore this aspect of the action plan has been met.

Residents had access to a hands free telephone, and inspectors observed residents using the phone whenever they wanted to. Therefore their privacy was now protected.

Inspectors reviewed the process of managing residents expenditure on holidays. All monies was countersigned by two staff, or where residents could sign this was countersigned by a staff member also. Balances checked were correct. Therefore this part of the action has been addressed.

Issues with the premises continue to impact on residents privacy and dignity. For example, there was still insufficient storage space for all residents’ personal clothing. The location of the beds in the bays and the sinks on the corridor did not ensure adequate privacy and dignity; these issues are discussed in more detail under outcome six. The provider said this action would be addressed by December 2015.

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

Findings:
In the action plan the Director of Nursing said that the contract of care would be revised to include the details of the services provided and the fees to be charged by the end of June 2015. Inspectors found that the contract had been revised and now included the
details of the services provided and the fees to be charged. Inspectors found that all residents were not provided with a contract of care. The director of nursing told inspectors that the contract would be circulated to all residents once finalised, by the end of June. Therefore this action was partially addressed within the required time frames.

**Judgment:**
Substantially 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors reviewed seven resident’s files and found that each resident now had a comprehensive assessment in place that included a multidisciplinary (MDT) assessment. These were being completed for all residents. Records indicated that the residents and family members were involved in the MDT discussion with the key worker. Goals were recorded following these meetings and care plans were in place to guide practice. Personal plans were also in place and developed with the resident. Care plans were reviewed by the key worker with input when necessary from the clinical nurse specialist (CNS).

Inspectors found that residents were involved in the development of personalised goals. There was recorded evidence that progress was being made in meeting the goals and some goals for 2015 had already been achieved. For example one resident had spent a night with family which was successful and there were plans in place to do this on a regular basis. Inspectors found that some goals required further development to ensure they were measurable. Therefore this aspect of the action plan has been partially met.

The Director of Nursing had a plan in place for additional staff training in goal setting and care planning in September 2015. Following on from this the Director of Nursing planned carry out a comprehensive audit of the documentation to ensure its effectiveness.

Since the previous inspection a number of residents suitability for their placement in the
service had been reviewed. As a result more suitable part time accommodation was obtained for one resident which partly met their current assessed needs. There were plans in place to make some of these arrangements permanent as assessed and as requested by residents and staff.

Transition plans were also being developed with other residents with their family and the multidisciplinary team including psychologist as required. Inspectors noted that these plans were being developed in line with the admission / transition policy. Therefore this part of the action has been partly addressed.

**Judgment:**
Substantially 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):**

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

**Findings:**

The physical environment in the centre still does not meet the requirements of the Regulations. The provider has plans in place to meet the requirements of the regulations. Inspectors requested a copy of the costed plans to be provided to the Chief Inspector.

The provider had made the following improvements since the previous inspection:

- Inspectors saw that the provider had provided two bedrooms with wash hand basins which had promoted the privacy and dignity for these residents as they no longer had to undertake personal care on the corridor.
- Inspectors observed the staff member washing the floor using appropriate personal protective equipment.
- Restrictors had been placed on the windows to ensure the safety of residents.
- Residents could now access snacks from the kitchen without asking staff.

The following areas still required improvement to meet regulatory requirements and promote residents' privacy, dignity, and quality of life. The provider was aware of the deficits and planned to address the deficits by December 2015.

Residents are accommodated in alcoves on the corridor called bays. These bays are located off the corridor which is the access to the facilities and other bedrooms on each corridor. As a result residents privacy and dignity could not be maintained consistently.
One of the bays accommodates three beds, one bay has two beds.

There were two assisted showers in the unit and four toilets, two of which were assisted. The toilets were located at the end of each corridor and were not in close proximity to residents. Staff said that residents used commodes at night as they could not access the toilet.

There was inadequate storage space. Inspectors observed residents equipment stored in the bathrooms used by residents and in the sluice room. There were no handrails throughout the centre.

- The lighting and signage outside of the unit was not sufficient to guide those visiting.
- There was no sink available in the cleaner's room, therefore cleaners filled and emptied buckets in the sluice room, which may lead to a risk of cross infection.
- There were no separate changing facilities for catering staff.

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

**Findings:**
Inspectors were satisfied that the health and safety of residents, visitors and staff is promoted and protected. All aspects of the action plan had been addressed.

The risk management policy had been reviewed and it now met the requirements of the regulations. It now comprehensively included the practice in place for identification, recording, investigating and learning from serious incidents. There was now a consistent approach to risk management in the centre. Staff were familiar with the policy and the policy was implemented in practice.

Staff had received training on risk management and additional training was planned. Staff spoken to were aware of the procedure for identifying, reporting, escalating, managing and mitigating potential risks to residents and or staff as discussed under outcome eight.

Inspectors reviewed Health and Safety statement and found that it was still not specific.
to the centre. The local risk register was reviewed and it now contained all of the identified risks in the centre, for example smoking and residents with behavioural issues. Staff were knowledgeable in the management of risk, for example the control measures recorded were now adequate to mitigate the risks. Further training in risk management had been provided to staff and management since the inspection.

The quality and risk committee continued to meet and there was now a process in place to ensure that learning and quality improvement measures were put in place following an analysis of incidents and accidents, for example the transition policy was being implemented. The safety committee was being accessed by staff and all relevant incidents were notified to this committee. Inspectors noted that the incident reports reviewed were completed to a good standard and there was recorded evidence of review by the risk manager, clinical nurse manager, nurse specialist and the person in charge.

The emergency plan had been updated since the previous inspection. It now contained all of the information as required by the regulations.

Fire Safety.
The required improvements had been implemented in fire safety. Staff told inspectors that the centre had been reviewed by a fire safety engineer. Inspectors noted that an additional fire door had been added, intermescent strips were now in place on the kitchen door and the gap under one of the bedroom doors had been addressed. Fire safety signs were now available and visible throughout the centre, and additional fire extinguishers had been put in place. On the day of inspectors observed that fire doors were not being held open with furniture.

Inspectors were satisfied with the arrangements in place to assess and control the risk to residents who smoked. Since the previous inspection residents who smoked now had a more comprehensive assessment and a risk assessment in place completed by the occupational therapist. Care plans reviewed were now resident specific, for example care plans included where and when the residents smoked and the specific assistance and supervision required to ensure their safety while smoking. Smoking aprons had also been provided for residents. Inspectors observed staff providing resident with support to smoke.

All aspects of the action plan had been addressed within the required time frames.

Judgment:
Compliant

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

**Findings:**
Inspectors found that the provider and the management team had taken measures to protect all residents from being harmed from another resident who presented with behaviour that was challenging. This required further improvement in the management of behaviour at all times.

The policy had been updated to guide staff practice. Staff had also received additional training in the management of behaviour that challenges. Staff told inspectors that they felt confident now in managing behaviour that challenges more comfortable carrying out their work as a result of the additional safety measures implemented by management. Overall residents told inspectors that they felt safe in the centre and with the staff.

While there were no residents presenting with behaviours that challenges on weekdays, staff continued to be challenged over the weekend by one residents behaviour. The behaviour continued to have a negative impact on the residents over the weekends, for example shouting at other residents. Inspectors acknowledged that a full time plan to address this issue was still required and this was confirmed by management and staff.

The management team had put in place additional controls over the weekends to mitigate risk to other residents and staff to prevent reoccurrences of incidents of physical abuse that could place residents and staff at risk. However, incidents of physical abuse continued to occur.

Staff now implemented the policy on restraint. While there were very minimal restrictive practices in place inspectors noted improvements also in this aspect of care. For example, evidenced based practice was recorded, implemented and monitored. The policy had been updated and implemented. Staff had received additional training and were familiar with the policy. There was now documentary evidence to demonstrate who initiated the restrictive practice. Care plans were in place with input from the clinical nurse specialist and reviews carried out with the safeguarding committee when required. Residents now had access to psychology and psychiatry services as required. There was no chemical restraint in use at the time of inspection.

**Judgment:**
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector. Staff were aware that all allegations, suspected or confirmed, of abuse of any resident must be been notified.

**Judgment:**
Compliant

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

**Findings:**
Areas for improvement following the previous inspection included health screening and health plans, falls management, behaviours that are challenging and end of life care ("do not resuscitate orders“) Issues regarding behaviour that is challenging is discussed further under outcome eight.

Inspectors reviewed aspects of seven residents' files. Inspectors found that health care screening and health assessments needs were now accompanied by health plans for residents to ensure that screening and health issues would be addressed for all residents. For example, urinalysis, body mass index, optomology checks and bone density scans as required. Residents spoken with told inspectors that they were well cared for and that they met with the doctor regularly.

As a result of the implementation of the transition plans, risk management and protection policy as discussed under outcome seven and eight, a review of the routines as discussed under outcome one; and the implementation of a multidisciplinary team approach to care discussed under outcome five, staff were now able to meet all residents needs to a high standard.

Inspectors observed there to be evidenced based risk assessment and care plans for the
prevention and management of falls. Risk assessments and occupational therapy falls assessment were completed and residents at risk of falls had a falls prevention and management care plan in place. There had been no recent falls in the centre; however staff were aware of the care measures required following a fall.

Inspectors reviewed end of life care issues such as “do not resuscitate orders” and noted that these orders were implemented in line with the policy. For example, the orders were prescribed by the consultant in consultation with next of kin, and there were care plans in place to guide care. The orders were reviewed on a three monthly basis. Staff were well informed about residents' end of life wishes.

Evidenced based support plans and care plans were in place to guide the care of residents with behaviour that challenges as previously discussed.

Therefore all aspects of this action had been met to a high standard and within the required time frame.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
Inspectors found that the medication management policy was implemented. For example there were good practice and care plans seen around the management of special medications to be administered only by a doctor. Residents pain was assessed regularly and managed appropriately. Infrequent medications were prescribed to minimise the risk of omission. Policies were re-written when required to reduce the risk of a medication error or near miss. Therefore this aspect of the action has been met.

Inspectors reviewed the process around the administration of emergency medications to residents should that be required when residents were on a day out. Care staff now carried individually prescribed emergency medication for residents should it be required. Care staff continued to receive training in the administration of emergency management and the care of people at risk of seizure. Therefore this aspect of the action has been met.

Inspectors did not have an opportunity to view documentation relating to the
management of unused and out of date medicines as the pharmacy book had been sent to the main pharmacy on site. This aspect of the action will be reviewed on the next inspection.

**Judgment:**
Compliant

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

**Findings:**
Inspectors noted that the statement of purpose still did not meet the requirements of the regulations as outlined in the previous report.

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

**Findings:**
A review of the quality and safety of care had been carried out by the person in charge since the previous inspection. The provider had completed the six monthly report as
required by the regulations. The review included measurable outcome goals, where the benefits of improvements could be identified, verified and monitored. For example, a review of complaints.

Inspectors met with the clinical nurse manager and found that she was now engaged in the operational management and administration of the centre twice weekly, and carried a case load as was her choice on three days of the week. The clinical nurse manager knew the residents well and residents and staff spoke highly of clinical nurse managers input into the day to day management of St.Brids.

The management acknowledged that while there was a person in charge of Peamount Healthcare, they needed to review the role of the person in charge of the designated centre to ensure accountability for the provision of the service and meeting the requirements of the regulations.

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

Findings:
Inspectors found that there was transparency in the planning and deployment of resources in the centre. Some improvements were still required to be in line with the regulations. However, the centre is not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Since the previous inspection the person in charge reviewed the skill mix, staffing levels and routines of the centre. An additional activities staff member had been put in post as outlined under outcome one. There was still a reliance on agency staff. The premises still does not meet the regulations. Inspectors found that there was a commitment from the provider to ensure that resources will be available to promote residents assessed health and social care needs and to ensure a person centred approach to care by December 2015.

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:**
While there appeared to be sufficient numbers of staff on duty on the day of the inspection. There were two posts being covered by agency staff. As stated in the previous report, due to the condition of residents, they required consistent staff who were aware of the non-verbal needs of residents.

The person in charge told inspectors that she had advertised and is currently recruiting for additional permanent staff to promote consistency in the quality and safety of care by the end of May 2015. Therefore this aspect of the action had been partially addressed.

The person in charge had carried out a training needs analysis to ensure staff were equipped with appropriate skills and knowledge to meet residents' assessed ongoing needs. Inspectors noted that staff had received further training on areas where improvements were required, for example risk management, restrictive practices, end of life care and meeting residents social care needs. As discussed under outcome eight, staff told inspectors they had received the additional training and felt equipped to meet resident's needs.

The person in charge was required to implement formalised supervision for staff. The director of nursing told inspectors that management meetings had taken place and that there were plans to provide staff training and implement performance management for staff by December. Therefore this aspect of the action plan had been partially addressed and on target within the required time frames.

**Judgment:**
Substantially 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that all of the required policies were in place to guide evidenced based
practice and met the requirements of the regulations. Staff training had been provided
and staff were familiar with the policies and implemented them in practice. Plans were in
place to monitor the effectiveness of the policies being implemented. Therefore this
aspect of the action has been met, ahead of the required timeframe.

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:

Valerie McLoughlin
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peamount Healthcare</th>
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<td>Centre ID:</td>
<td>OSV-0003505</td>
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<tr>
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<td>Date of response:</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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The location of the beds in the bays and the sinks on the corridor did not ensure adequate privacy and dignity.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
A revised layout for the unit has been agreed and the schedule of works to facilitate the required changes has been outlined. The works will be completed with minimal disturbance to residents and will result in elimination of the bay areas, an additional bathroom which is accessible, additional storage space, removal of the staff desk area and renovated bathroom areas.

**Proposed Timescale:** 31/12/2015

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient storage space for all residents personal clothing.

**Action Required:**
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

**Please state the actions you have taken or are planning to take:**
A revised layout for the unit has been agreed and the schedule of works to facilitate the required changes has been outlined. The works will be completed with minimal disturbance to residents and will result in elimination of the bay areas, an additional bathroom which is accessible, additional storage space, removal of the staff desk area and renovated bathroom areas.

**Proposed Timescale:** 31/12/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The contract of care had not been provided to all residents.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.
Please state the actions you have taken or are planning to take:
The contract for care is currently being revised to provide additional detail for residents on charges which may be applied for additional services. Once finalised, this will be distributed to all residents.

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

### 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:**
Inspectors found that some goals required further development to ensure they were measurable.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
Training has been designed for staff to assist in the care planning process, this will be delivered during the coming months. In addition staff are aware of the need to specify meaningful goals for residents within care plans and the audit process will assist in ensuring compliance with this requirement.

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

### 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 physical environment in the centre does not meet the requirements of the Regulations.

**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 revised layout for the unit has been agreed and the schedule of works to facilitate the required changes has been outlined. The works will be completed with minimal disturbance to residents and will result in elimination of the bay areas, an additional bathroom which is accessible, additional storage space, removal of the staff desk area and renovated bathroom areas.
Proposed Timescale: 31/12/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff continued to be challenged over the weekend by one resident's behaviour. The behaviour continued to have a negative impact on the residents over the weekends, for example shouting at other residents.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
Alternative living arrangements are currently being investigated for the resident in question. Ward of Court consent has been sought to purchase a suitable house, which has been identified and which is available for lease in advance of sale being finalised. Respite and holiday accommodation options are being utilised as a transitional arrangement, while we await the date for transfer to the permanent placement. Consistent staff who are familiar with the resident’s needs are available to support the individual. Family and other service providers as well as staff and HSE are working together to create the optimal solution for this resident.

Proposed Timescale: 31/07/2015

**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 meet the requirements of the Regulations

**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 it complies with the regulations.
### Proposed Timescale: 30/06/2015

#### 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 management acknowledged that while there was a person in charge of Peamount Healthcare, they needed to review the role of the person in charge of the designated centre to ensure accountability for the provision of the service and meeting the requirements of the regulations.

**Action Required:**
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
The issue is currently being discussed with union representatives in the context of current staff roles and a timeframe to resolve this has been agreed.

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### Proposed Timescale: 30/06/2015

#### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre is not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Staffing, skill mix and staff roles, in accordance with the Statement of Purpose and assessed needs of residents is currently under review.

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**Proposed Timescale: 31/12/2015**
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was an over reliance on agency staff.

**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:**
Recruitment of staff to reduce reliance of agency is ongoing. Where possible short term and permanent contracts are offered as an alternative to agency staff.

**Proposed Timescale:** 31/12/2015

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**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no formalised supervision of staff in place.

**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Discussions are ongoing with staff representatives regarding the requirement to introduce performance management. This will be a priority for September to December 2015, for all grades of staff.

**Proposed Timescale:** 31/12/2015