<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>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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: 16 June 2015 09:55  
To: 16 June 2015 13:30

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

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
<th>Outcome 07: Health and Safety and Risk Management</th>
<th>Outcome 12. Medication Management</th>
<th>Outcome 13: Statement of Purpose</th>
</tr>
</thead>
</table>

**Summary of findings from this inspection**

This was an announced follow up 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, in the outcomes under which non compliances had been identified in the previous inspection.

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. Due to unforeseen circumstances the person in charge had requested permission to transfer the residents to the new centre before the registration process had been completed due to structural concerns, and the associated risks to the residents in the unit in which they were residing. The new centre consisted of a five bed roomed, wheelchair accessible bungalow with one self contained one bed apartment. The inspection included a visit to the premises, where the inspectors met staff, and the six residents who had recently moved into the centre. The inspector reviewed the renovation and upgrade work completed to the premises, reviewed documentation relating to health and safety and risk management and also reviewed the updated statement of purpose. Medication management practices were also reviewed as part of the inspection process.

Residents appeared very much at home within the centre, and the centre had been
furnished and decorated to make it more homely and comfortable. Staff reported that residents’ family members had visited the residents in their new home, and that efforts were on going to support residents to settle in.

The non compliances identified during the previous inspection had all been addressed, except for one action related to medication management as detailed 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 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that all of the actions from the previous inspection had been satisfactorily completed. The layout of the centre and the facilities provided were suitable to meet the needs of residents in a comfortable and homely way.

The large bathroom had been renovated into a wet room style shower room with the bath removed, and it now consisted of a shower area suitable for the provision of assisted showers, a toilet and wash hand basins. One of the assisted toilets had also been converted into a wet room suitable for the provision of assisted showers. The shower and toilet facilities within the centre now consisted of two toilets, one shower room and one large shower room with a toilet included. There was also a staff toilet located beside the office. There were plans to convert the small shower room identified in the previous report into storage space. The self contained apartment had its own en suite bathroom.

The doorway in the living area had been made wheelchair accessible and a ramp had been provided outside this door to ensure that all residents could evacuate using this exit in the event of an emergency. Thumb locks had been installed on all exit doors to facilitate unhindered egress in the event of an evacuation.

The kitchen was fully equipped with sufficient cooking facilities and equipment. A unit had been installed within the large living area, and this contained snacks and drinks that residents could access at any time.

The doorway in the bedroom of the self contained apartment was no longer used as the main entrance to the apartment, and staff and residents now used the doorway in the living area to access this apartment.
One of the rooms within the centre had been converted into an office space, and this contained secure storage for residents' and staff personal and confidential records. A computer had also been installed in this office.

Thermostatic controls, and blending valves had been fitted to the hot water taps within the centre to ensure that the temperature of the hot water supply was safe and posed no risk of scalding. The inspector checked the temperature of the hot water supply in the toilets and shower rooms within the centre and it did not exceed 43 degrees Celsius.

The centre had been furnished and appeared much more homely at the time of inspection. Residents' bedrooms had been personalised, and photos and pictures had been placed on the walls. The living area had been comfortably furnished, and TVs and radios were available for residents.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
</tr>
</tbody>
</table>

| Theme: |
| Effective Services |

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

| Findings: |
| The actions required from the previous inspection had been satisfactorily completed to ensure the health and safety of residents, visitors and staff were promoted and protected. |

The inspector reviewed the health and safety statement for the campus, and the updated risk register. The risk register now contained identified risks specific to the centre itself, and the residents now residing within the centre. The risk register specified the risk, existing controls, risk rating, action plan and additional control measures, the person responsible for action, the status of the risk, and any updates.

The inspector was shown details within the residents’ care records that summarised residents’ individual evacuation needs taking into account their mobility and cognition. A summary sheet of all residents evacuation needs was easily accessible in the event of an emergency. The inspector discussed further development of personal evacuation plans with the assistant director of nursing. A fire drill had been conducted earlier in the month with all residents evacuating the centre in under two minutes. There were plans to conduct further fire drills to simulate night time conditions. The inspector reviewed the report on this fire drill, and no issues were identified.

Thumb turn locks had been fitted on all exit doors to ensure that all occupants of the centre could exit quickly from these doors in the event of an emergency.
Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tbody>
<tr>
<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Health and Development

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

**Findings:**
The action relating to the name of the prescriber being clearly indicated on the prescription chart had not been satisfactorily addressed at the time of the follow up inspection. The assistant director of nursing gave assurances to the inspector that this matter would be addressed.

All other actions relating to medication management had been addressed to ensure that the system of medication management within the centre was safe and appropriately monitored.

Medicines were being supplied to the centre by a retail pharmacy business in blister packs were appropriate. Secure storage for medicines had been provided in the office space, including a separate fridge for medicines or prescribed nutritional supplements that required refrigeration. There was a plan to conduct a medication management audit in August as part of an ongoing schedule of auditing within the centre. All care staff working in the centre had received training on the safe administration of medicines. There was a system in place to ensure that all medicine related incidents, including medication errors were appropriately recorded and discussed at the weekly medication review meetings held on the campus.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose had been revised and updated since the last inspection. The statement of purpose described the services and facilities provided in the centre, and detailed the required information as specified in Schedule 1 of the Regulations.

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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
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<tr>
<td>Date of Inspection:</td>
<td>16 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06 July 2015</td>
</tr>
</tbody>
</table>

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 12. Medication Management

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 consistently indicated on the prescription sheet.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
Printed labels with the names of the GPs (principal prescribers) have been placed on the front of each residents’ medication prescription chart.

**Proposed Timescale:** 06/07/2015