

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0003504
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Kevin McNamee
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	4

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 January 2016 10:00	13 January 2016 18:00
14 January 2016 09:00	14 January 2016 17:00

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

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 17: Workforce

Summary of findings from this inspection

This was an unannounced inspection of a designated centre operated by Peamount Healthcare (Community Based Services) which provided services to 27 residents across three locations. This was the first inspection of this centre since commencement of the regulation of disability services.

The inspector found that there were a number of areas that required substantive and significant improvements in accordance with the Regulations and standards in this designated centre. It was evident that the provider had nominated the centre as a single designated centre which was not deemed appropriate or effective based on the numerous non-compliances found on this inspection. This was particularly evident regarding the governance and management arrangements of the centre which were not found to be effective.

While many residents spoken with and observed on this inspection spoke positively about their transition from the provider's campus based setting to live in the community, the inspector found a lot of work was required in terms of meeting all

residents' needs. While there was a good standard of medical and healthcare provision found, the standard reviewed of residents' social care and quality of life needs, individualised assessment and personal planning required improvement. While some residents presented as having some very good opportunities in this area other residents did not. The reason for this inconsistency was not clear. In addition, the measures in place to promote enhancement of quality of life required improvement in terms of review by management as to what was happening for residents in the centre. This was found to be absent from a governance and management perspective.

While there were some good practices regarding residents' health, safety and risk management, further improvements were required in the identification, assessment and oversight of risk and fire safety in this designated centre. Improvements were also required in terms of having clear reporting channels for safeguarding issues that are accessible and transparent for all staff.

The inspector found that while staff presented as caring, there were not sufficient staff numbers or skill mix in this centre and this was resulting in negative outcomes for residents. There were gaps and omissions found in staff training, performance development and staff knowledge of the standards and Regulations. These areas all require review and attention.

Of 11 outcomes inspected 10 were found to be non-compliant with the Regulations. Each of these areas will be discussed in further detail in the main body of this report and accompanying action plan.

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 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:

The inspector found that there was an admissions policy available in the designated centre and the Statement of Purpose reviewed highlighted that the provider was not admitting any new residents to its intellectual disability services. In discussing the vacant rooms observed, staff were not aware whether these rooms would be filled. This will be discussed further under Outcome 13 Statement of Purpose.

The inspector was informed by the person in charge that no residents in the provider's community services, had a contract for the provision of services in place. In reviewing residents' personal plans and files the inspector found an absence of any written contract highlighting the service provided to residents and the fees that they are charged. This was not in compliance with the Regulations.

Judgment:

Non Compliant - Major

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 inspector found that while there were some measures in place to promote the wellbeing and welfare of the residents in this centre, substantive improvement was required in this area. The inspector did find some evidence of multidisciplinary input and good healthcare planning in residents' personal plans. However, there were a number of areas pertaining to social care needs, individualised assessment and residents' personal planning that were found to be of a poor standard.

Residents spoken to presented as content and happy when speaking with the inspector. Many residents attended day services within the provider's services and other residents attended other services and community day care settings on certain days of the week. Many residents spoken to had moved out of the provider's campus based setting into this new community based setting. All residents spoken to highlighted this as being a positive move for them. Staff highlighted the residents who went on weekly outings, travelled independently and enjoyed going to mass and to a social club.

In discussing social activities available to residents with staff and with residents themselves, the inspector found that while some residents had examples of good social opportunities such as holidays abroad, outings, local clubs and shopping trips, other residents had fewer opportunities for social development and activities. For example, the staffing levels that were observed were not conducive to supporting residents individually for social activation. The inspector found occasions whereby one staff member would provide care for 10 - 11 residents. This will be discussed further under Outcome 17 Workforce. Staff highlighted that while they 'did their best' to get the residents out on activities this was difficult at times with current staffing levels. In discussing this with residents, staff, family members and reviewing documentation, the inspector found that all residents' social care needs were not being met to an appropriate standard.

The inspector also found that residents' social opportunities differed in the different units within this designated centre. For example, residents in some smaller units had some good opportunities and choices for social activation and participation. This was not the case in the larger units. The inspector observed residents coming and going to the staff office in one unit. One such resident was clearly seeking attention/company and according to staff does so regularly. This resident sat with the inspector and it was clear they wanted someone to spend time with them. At this time one staff member was at a hospital appointment with another resident and the other staff member was doing laundry.

The inspector noted on days when residents were not in their day services they would often remain in their apartments watching television for the day. This was observed on this inspection and also highlighted to the inspector by staff and a family member of a resident.

The inspector found that residents did not have comprehensive social assessments completed that were in line with regulatory requirements. Of the personal plans reviewed the standard was not good. Plans were incomplete, unsigned and undated. One resident's social care assessment consisted of one short page of likes/dislikes. There was no evidence of person centred planning, goal setting and appropriate review in the personal plans reviewed by the inspector. Participation with residents and families/representatives was not evident in personal plans with 'circle of support' plans left blank and incomplete. Plans were not found in an accessible format for residents. For example, residents who could not read.

The inspector found evidence of a provider audit which reviewed the area of residents' personal plans in January 2014. This found substantive deficits with residents' personal plans. However there was no action planning, follow-up or review of this brief audit based on the findings of this inspection.

Judgment:

Non Compliant - Moderate

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:

This centre comprised of three locations across six buildings which provided care for 27 residents on this inspection. As outlined in the summary and in Outcome 13 Statement of Purpose, this designated centre's make-up required review by the provider in terms of the units, locations and actual formation of the designated centre.

The inspector found that parts of this designated centre were of a good standard but in some parts of the centre there were a number of areas that required repair, maintenance and cleaning in certain units within the designated centre.

Each resident's bedroom and apartment reviewed was of an acceptable standard in terms of space, heating and lighting. There were sufficient numbers of kitchens, bathrooms and toilets in the premises reviewed across this designated centre. All residents had their bedrooms/apartments personalised. Some residents had decorated their homes to a very high standard which was warm and homely. Each resident had good levels of privacy in terms of their own room; many of which were en suite.

The inspector found that some parts of the designated centre were not decorated or cleaned to the required standard. For example, one apartment was in need of a painting and cleaning. Storage arrangements were insufficient with a utility room and toilet completely blocked up with support equipment and wheelchairs and commodes on top of each other. This unit was not warm or homely. There was no communal sense of home in this unit. Information pertaining to residents was displayed on the walls which was not found to promote residents' right to privacy.

One resident's bedroom (in one part of the designated centre) had a leak in the ceiling that occurred over Christmas and had not yet been fully repaired according to staff who highlighted the issue was reported to maintenance. The resident stated the water came into their room beside their bed.

Some residents' bathrooms were not aired and one had a broken extractor fan that leaked water when turned on by the inspector. Other residents' apartments were found to be not appropriately aired with no evidence of windows being opened and residents' wet clothes were observed on clothes horses in the rooms. A family member had lodged a complaint about this issue in the past.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that there were some measures in place to ensure the health and safety of residents, visitors and staff within this designated centre. However, improvements were required in the areas of oversight of risk assessment, management and fire evacuation procedures within all units of the centre.

A risk management policy dated April 2015 was in place and this policy met the requirements of the Regulations. The inspector found that there was a risk register maintained in electronic format that highlighted some risks prevalent within the designated centre. For example, the risk of medication errors, certain residents remaining in units unsupervised and the risk of falls. The inspector found that all risks identified on the risk register were not recorded as assessed in line with the risk management policy. For example, the risk of residents choking, falls, smoking and residents who displayed 'inappropriate behaviours'.

These risks were not found to have an associated risk rating and/or action plan with control measures detailed within the risk register. Different information/risks were noted on risk registers in different parts of the designated centre which suggested different drafts of the risk register were in operation.

The inspector did find appropriate care planning and protocols in place regarding some residents identified as at 'risk of falls' with control measures implemented. There were also protocols regarding a resident who smoked in the centre and a risk assessment was in place for this resident. However the inspector found information outlined in the risk assessment and information provided by staff regarding the supervision of this resident while smoking differed.

In addition, in discussing the area of risk with staff members some staff did not identify the risks prevalent in the centre or the risk register to the inspector. Staff did note that where a risk or incident occurred they would complete a Risk Management Occurrence Form. The inspector reviewed several such forms regarding incidents that had occurred, which evidenced the system in place of reporting incidents, accidents and near misses. This was positive in terms of reporting individual incidents.

The inspector found that incidents involving behaviours that challenge, incorrect administration of medication and a near-miss regarding an unknown person gaining access to the designated had occurred. From the information reviewed, the inspector found that follow-up had occurred in each individual instance. However, not all of this information made its way onto the centre's risk register. The inspector found that improvement was required in the overarching assessment of risk and the risk awareness culture within the designated centre.

Regarding fire safety, the inspector was not satisfied from the information provided that this centre had appropriate procedures in place for the safe evacuation of all parts of the designated centre in the event of fire. Each centre was found to contain fire safety equipment such as fire extinguishers, fire blankets, fire evacuation chair, fire alarms and emergency lighting.

While fire evacuations had occurred in this centre and an external assessment had taken place, all residents were not evacuated in the fire drills that were completed in some units and the evacuation times recorded did not indicate all residents could be evacuated in a timely manner. From discussing this issue with staff and management the inspector was not assured that the provider had appropriate systems in place regarding fire safety and evacuation of all parts of the designated centre in the event of an emergency.

In addition, all staff had not undertaken and completed appropriate fire safety training within the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that the provider did have some measures in place to protect residents being harmed or suffering abuse, however further improvements were required.

The inspector found policies in place regarding the protection of vulnerable adults and protection of residents' monies. These policies required to be updated to incorporate the most up-to-date national guidance regarding the protection of vulnerable adults.

In speaking with residents, the inspector was informed that residents felt safe in their homes. Residents had alarm pendants and mobile phones to contact staff. However, one resident did highlight that staff were not always available to them when they pressed their alarm button. This resident stated they sometimes required support with mobilisation and would ring their call bell for assistance. The resident stated this would ring in the staff office but that staff were often not in their office so they would have to wait sometimes for assistance. This resident also had an emergency pendant which contacted a monitoring company who would contact the provider if the alarm was activated.

In reviewing another resident's accommodation, the inspector found that staff were initially unable to gain access to this resident's apartment as the staff did not know the code or have a key. When the inspector queried this issue further from a safeguarding perspective the clinical nurse manager (CNM) located a key and accessed this resident's apartment. This resident lived semi-independently in another building.

The inspector reviewed protection and safeguarding investigations that had taken place in this centre and found all instances had been investigated and followed-up with appropriately.

There was a training schedule reviewed whereby safeguarding and protection training was provided, however, the inspector found a number of staff had not undertaken this training. In addition, while most staff interviewed demonstrated some good understanding of the types of abuse, not all staff demonstrated a clear understanding of the process for recording and reporting allegations of abuse and disclosures.

Regarding positive behavioural support the inspector found that residents requiring behavioural support plans had these in place. Staff were aware of these plans and discussed the proactive and reactive strategies within these plans. The designated centre was not found to be a restrictive environment in layout or design.

Judgment:

Non Compliant - Moderate

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:

Some incidents that required to be submitted to the Chief Inspector through the appropriate notifications had not taken place. For example, the inspector found that since commencement there were gaps in quarterly notifications sent to HIQA. In addition, through reviewing safeguarding and protecting vulnerable adults referrals that occurred within the designated centre, there were allegations that were not notified to HIQA as is required by the Regulations.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents were supported on an individual basis to achieve the best possible health. The inspector found that residents' healthcare needs were being

met in this centre through timely access to healthcare services and appropriate treatment and therapies.

The inspector spoke to a number of residents who highlighted that they saw their GP and allied health professionals on a regular basis. This was recorded in residents' plans that were reviewed and medical care plans were in place for short, medium and long term assessed medical and healthcare needs for residents. The inspector noted the establishment of a community nursing team by the provider whereby nurses were continuously available to review and monitor residents' medical and healthcare needs and were observed doing so over the course of this inspection.

Inspectors found residents with significant health needs had been supported appropriately through necessary clinical care provision and other residents who were supported on an on-going basis through diabetic services and specialist appointments with local hospitals. All staff presented as aware of each resident's specific health needs and the measures in place to meet these assessed needs.

Residents had access to allied healthcare professionals through the provider's clinical services such as psychiatry, psychology, social work, occupational therapy, speech and language therapy, clinical nurse specialists and support services. The inspector observed residents returning from hospital appointments and also observed chiropody and physiotherapy services calling out to residents for scheduled appointments.

Regarding food and nutrition, residents were observed as having appropriate access to food and drinks. Residents did their own shopping and chose their own meals and mealtimes in this centre. All residents spoken to highlighted they were satisfied with arrangements in place regarding doing their shopping and mealtimes.

Judgment:
Compliant

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):

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

Findings:

There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines within the designated centre.

The inspector found a policy in place dated 13 October 2015 regarding the principles of medication management in intellectual disability services. The inspector found arrangements in place regarding the safe storage of medication in each resident's home where the prescription and administration documentation for each resident was located. Staff were observed as being very aware of residents' medication needs and administered medication in a caring and professional manner.

The inspector observed hospital passports kept in residents' rooms that highlighted specific and individual medical needs and any known allergies. Staff stated this documentation was to travel with residents in the event of hospital admission or emergency.

The inspector found that some prescription and administration documentation required improvement regarding the legibility of prescription records. For example, the inspector reviewed prescription records whereby much of the medication had been discontinued but was not struck off the prescription documentation.

Other parts of the prescription records which pertained to dosage, route and time of administration were not clearly legible to staff. The provider had devised a new prescription system and recording system which would replace the existing system but this was not implemented at the time of inspection.

The inspector reviewed medication errors and there was a system to report errors. For example, the inspector reviewed an incident whereby the wrong medication was administered to the wrong resident. From reviewing this matter this issue was followed-up by the provider and appeared to occur as a result of a combination of human error and unfamiliar agency staff.

The inspector found that there was a training schedule operational that provided Safe Administration of Medication (SAM) training and refresher training. In addition, the training schedule highlighted that some staff had received training in the management of diabetes and emergency epilepsy medication administration, which was a requirement in this centre. However, in examining the training records it was not clear that all staff were provided with such training. For example, some staff stated they had undergone this training but this was not reflected in the training records. This issue will be addressed under Outcome 17: Workforce in the accompanying Action Plan.

Judgment:
Substantially 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):

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

Findings:

There was no Statement of Purpose observed in the designated centre. The inspector found that this was not a document known to staff or residents. The Statement of Purpose submitted to HIQA dated August 2014 did not meet the requirements of the Regulations. All elements of Schedule 1 of the Regulations were not included in this Statement of Purpose. For example, the person in charge's information was not correct, the whole time equivalent information was not accurate, the numbers of residents was not correct, there were no floor plans included and the information included referred to parts of other designated centres operated by the provider.

The Statement of Purpose reviewed did not therefore reflect the service that was provided.

Judgment:

Non Compliant - Major

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:

The inspector was not satisfied that the governance and management systems operating within this centre were effective and in line with regulatory requirements.

On arrival on this unannounced inspection the inspector requested contact be made with the person in charge and was informed she was not on duty. The staff member on duty was requested to identify the deputy person in charge and on doing so was requested to contact this person and request them to come to the designated centre. Staff attempted to contact the deputising person in charge but was initially unable to make contact with this person.

Two Clinical Nurse Managers (CNM's) arrived at the unit one hour and 20 minutes after the inspection commenced. Both managers presented as professional and assisted the inspection in the provision of documentation, information and orientation of units within the designated centre. However the inspector was concerned from a governance, management and safety perspective that it took one hour and 20 minutes for a manager to arrive to the designated centre.

The inspector met the person in charge on the second day of this inspection. The person in charge presented as a competent and qualified individual who met the requirements of the Regulations in terms of her qualifications, management experience and working in a full time capacity with the provider in her role. The person in charge presented as a professional individual in her interactions with the inspector. The person in charge had extensive experience within the disability service domain.

However, the inspector did not find that the person in charge was ensuring the effective governance, operational management and administration of this designated centre. This was due to the expectation and responsibility placed on this person in charge by the registered provider. The registered provider nominated this person in charge to manage multiple designated centres with responsibility for over 113 residents and 200 staff across a number of locations.

Based on the levels of non-compliance found across Outcomes 5, 6, 7, 8, 9, 12, 13 and 17, the inspector did not deem that this governance arrangement was meeting the needs of residents in this designated centre in accordance with the Regulations and standards.

The inspector found that the standard and levels of auditing were not effective in this centre. The provider had conducted very brief auditing of records and documentation and personal planning on one occasion in January 2014. Aside from this there was no evidence of any other formal auditing completed regarding the quality of care and support provided in this centre.

There were no unannounced visits conducted by the provider, reports or annual reviews of the quality and safety of care and support provided in the centre. In discussing supervision and performance development arrangements in the centre the inspector found that there was not a performance management or development system in place for the staff in the centre. This was not acceptable in terms of the requirements of the Regulations and Standards.

Judgment:
Non Compliant - Major

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):

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

Findings:

Overall the inspector found that there was not a sufficient number or skill mix of staff within this designated centre. Some residents informed the inspector that staff treated them well but were not always available to them. While provision was available for mandatory training, the records reviewed suggested that all staff were not up-to-date with all necessary training. For example, training and refresher training in epilepsy, safeguarding, personal planning, communication, fire safety, risk management and diabetes.

In addition, in reviewing agency staff training there was not a robust system in place to ensure all agency staff had the required training to work in the centre. This was a concern as there was a reliance on agency staff observed on the designated centres rosters. When the inspector sought training records of an agency staff on duty it became apparent this person did not have fire safety and safeguarding training.

The inspector met a number of staff over the course of this inspection. Staff were observed acting in a manner that was caring and respectful towards residents over the course of this inspection.

However, as outlined in previous outcomes there was concern as to the number and skill mix of staffing within the centre. For example, both the person and charge and staff identified the staff ratios as a concern. This was noted from an inspection perspective in terms of social activities, opportunities to be supported and supervised on outings, supervision levels within the centre itself and ability to safely evacuate.

As discussed under Outcome 5, while some more independent residents had opportunities to engage in activities like going to the pub or for walks independently, other residents did not have these activities or opportunities. On days when day services or programmes were not available, residents remained in their apartments for the duration of the day. A family member who visited the centre regularly, highlighted this to the inspector as isolating for residents. This was observed for a number of residents over the course of this two day inspection.

While staff called into residents' apartments to assist with laundry and dinners, the inspector observed a lack of meaningful engagement with residents in these instances with this presenting as task orientated. Staff were clearly busy cleaning, preparing meals, doing laundry and facilitating medical appointments. However, social engagement with residents presented as secondary to these functions on this inspection in some parts of this centre.

Regarding risk and safety with supervision arrangements this was specifically highlighted when staffing at night was at its lowest with one staff responsible for the provision of care and supervision of 14 residents. This was discussed under Outcome 7 in terms of fire safety and evacuation and the lack of assurance available that one staff could successfully evacuate the centre in full. The issues pertaining to staffing was discussed with the provider at preliminary feedback in terms of the requirement for a full staffing review with regard to each resident's needs within the designated centre.

The inspector reviewed a number of staff files and found that the majority of files reviewed met the requirements of Schedule 2 of the Regulations. For example, files contained evidence of Garda Vetting, references and previous experience. Staff understanding of the Regulations and standards required further improvement. Members of staff and management did not display an appropriate level of knowledge as to the requirements of the Regulations and Standards.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Conor Brady
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 report¹

Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0003504
Date of Inspection:	13 January 2016
Date of response:	12 February 2016

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 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:

There were no contracts for provision of services in place for residents.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

A contract for the provision of services will be in place by the 29th February 2016

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

In the absence of contracts for the provision of services there was no written agreement for the provision of services to include the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees being charged.

2. 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:

A contract for the provision of services outlining services to be provided and fees to be charged by February 29th 2016.

Proposed Timescale: 29/02/2016

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:

Residents' plans were not based on a comprehensive assessment.

3. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Comprehensive assessment will be conducted on each resident by a healthcare professional to be completed by 31st March 2016

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Personal plans were not provided in an accessible format to all residents.

4. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Personal plans once in place will also be accessible to the individual and where appropriate to their representatives

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no evidence of maximum participation of residents' and or representatives in personal plans.

5. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Each person centred plan once in place will be reviewed on an ongoing basis with the individual and circle of support on a yearly basis

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was no review or review of effectiveness completed on personal plans reviewed.

6. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Each person centred plan once in place will be reviewed on an ongoing basis with the individual and the multidisciplinary team every three months and more often if circumstances change

Proposed Timescale: 31/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the designated centre were not in a good state of repair as outlined within the body of this outcome.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Repairs and storage as outlined in the report will be addressed with the relevant stakeholders and relevant work complete by 29th February 2016

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

All parts of the premises were not clean and suitably decorated. One apartment in one location of this designated centre required a full clean throughout, while a number of bathrooms in another apartment required a deep clean.

8. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Hygiene audits of each area have taken place and are being addressed. Decoration of individuals' homes is being discussed with the residents.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was not suitable storage or ventilation in all parts of the centre.

9. 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:

All excess equipment has been removed. Ventilation in all bathrooms has been checked and the one electrical vent which was faulty has been repaired.

Proposed Timescale: 05/02/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems in place regarding oversight of risk, risk identification, assessment and dissemination of information regarding same was not effective.

10. Action Required:

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

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

All staff will be trained on risk assessment and the risk register. Identified risks will be clearly outlined in care plans. All staff will be familiar with the risks and have systems in place to respond to emergencies.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was not adequate arrangements in place for evacuating all persons in the designated centre and bringing them to safe locations.

11. 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:

An early morning fire evacuation/drill will take in all houses within the community to ensure all individuals can be evacuated to a safe location within the required time.

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

All staff had not received appropriate fire safety training.

12. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will have their mandatory fire training by 29th February 2016

Proposed Timescale: 29/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff did not undergo and/or demonstrate satisfactory awareness in relation to safeguarding residents and the prevention, detection and response to abuse.

13. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Training on safe guarding will be provided to staff who have not undergone this training to ensure prevention, detection and response to abuse.

Proposed Timescale: 11/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Some allegations, suspected or confirmed of abuse were not notified.

14. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure that all notifications as laid out under regulation 31 will be notified to the Chief Inspector within a timely manner.

Proposed Timescale: 29/02/2016

Theme: Safe Services

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

There were gaps in the submission of quarterly notifications since commencement.

15. Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

The PIC will be made fully aware of her requirement to submit quarterly returns as specified.

Proposed Timescale: 29/02/2016

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:

Medication prescription records were unclear and required improvement.

16. 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:
Prescriptions requiring a rewrite will be completed as discussed with GP

Proposed Timescale: 29/02/2016

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 requirements of Schedule 1 of the Regulations.

17. 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:

A statement of purpose will be developed and include all information as contained in Schedule 1 of the Health Act 2007. It will be sent to the inspector for approval

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

There were not copies of the Statement of Purpose available in the designated centre.

18. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Copies of the statement of purpose will be available in all houses/apartments when completed

Proposed Timescale: 29/02/2016

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 person in charge arrangements did not ensure the effective governance, operational management and administration of the designated centres concerned.

19. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The person in charge of the centre will be actively supported in their role by the Director, CNM3, acting CNM2 and frontline staff. All grades are aware of their role and responsibilities.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

There was not sufficient evidence that the services provided in this designated centre were effectively monitored by the management structure in place.

20. Action Required:

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

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

A quality Improvement team has been set up to ensure that the service is effectively and consistently monitored. This will be made up of a multidisciplinary group that will report directly to Senior Management with clear objectives and an audit calendar.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support in the designated centre to ensure that such care and support is in accordance with standards.

21. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual review of the quality and safety of care in line with standards will take place.

Proposed Timescale: Commence 2016

Theme: Leadership, Governance and Management

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

There were no unannounced visits or written reports of same being conducted and completed in this designated centre.

22. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider will make an unannounced visit at least every 6 months to the designated centre and prepare a written report on the quality and safety of care and support with an action plan where required.

Proposed Timescale: 29/04/2016

Theme: Leadership, Governance and Management

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

There was not a system of performance development in place for all staff.

23. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A supervision policy has been drafted and now the provider is in consultation with staff representatives regarding its implementation.

Proposed Timescale: 29/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was not a sufficient number or skill mix of staff provided in this centre that was provided in accordance with the size and layout of the centre or the assessed needs of the residents.

24. 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:

A review of staffing skill mix and baseline staffing requirements is taking place and following the outcome of these recommendations a proposal will go to the HSE for their consideration and funding.

Proposed Timescale: 11/03/2016

Theme: Responsive Workforce

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

All staff had not undergone appropriate training and refresher training.

25. Action Required:

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

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

All staff will have their mandatory and essential training identified and complete by 31st May 2016. Where there is agency staff working at Peamount Healthcare written confirmation of training will be required from the agency.

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

All staff were not appropriately aware of the Health Act and Standards and Regulations thereunder.

26. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

All staff will be provided with information and documentation on the Health Act , Standards and Regulations.

Proposed Timescale: 29/02/2016