

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Peamount Healthcare Neurological Disability Service
Centre ID:	OSV-0003505
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Kevin McNamee
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 June 2016 10:00	09 June 2016 20:00
10 June 2016 14:00	10 June 2016 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 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

Summary of findings from this inspection

Background to the inspection

This was the third inspection of the designated centre. The purpose of this inspection was to follow up on actions from the registration inspection carried out in the centre in May 2015, to monitor ongoing compliance with the regulations and to inform a registration decision.

Description of the service

This centre is operated by Peamount Healthcare and is situated on a campus based setting in County Dublin. It comprises of a large unit that accommodates 19 residents. The unit comprises of thirteen single bedrooms, one double bedroom and two bay areas that accommodate two residents in each area. The centre provides care to both male and female residents who have acquired brain injury, neurological disabilities and complex medical needs. Twenty four hour nursing support is provided in the centre.

How we gathered evidence

Over the course of this inspection seven residents spoke with inspectors. Overall they stated that they were very satisfied with the services provided in the centre. They spoke about varied activities they were involved in and how they found staff very respectful, friendly and supportive to them. Some of the residents were unable to express their views on the quality of services in the centre but inspectors observed practices, reviewed personal plans and observed interactions between staff and residents. The person in charge had been newly appointed since the last inspection and was interviewed at this inspection. In addition staff were met and other documents were reviewed including risk assessments, staff files and financial records.

Overall judgment of our findings

Inspectors found that most of the actions from the last inspection had been implemented. However, the reconfiguration of the centre was still outstanding. This had been due for completion in December 2015. In addition some actions had not been implemented to a satisfactory level, for example contracts of care and the statement of purpose for the centre.

Overall inspectors found that residents were well cared for in the centre. However, a number of areas required improvements in order to ensure that the provider was meeting their requirements under the regulations. Major non-compliances were found in safe and suitable premises and workforce. Moderate non-compliances were found in six of the outcomes and one outcome was found substantially compliant. The action plan at the end of this report addresses the improvements required.

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:

Overall the inspectors found that residents were enabled to exercise choice and control over their life in accordance with their personal preferences. However, the actions from the previous inspection had not been implemented and improvements were required in the management of residents' finances.

Not all areas of this outcome were inspected. Inspectors found that staff treated residents with dignity and respect. However, the reconfiguration work that had been due to take place in the centre had not been completed. This reconfiguration was to address areas identified at the last inspection regarding adequate storage facilities and the unsuitable location of beds in a bay area in the centre that was impacting on resident's privacy and dignity.

Two residents who spoke with inspectors were aware of the complaints procedure. One resident informed inspectors of a complaint they had made that had been dealt with by the provider. However, they informed the inspector that the nature of the complaint was still an issue. This was discussed with the provider at the feedback meeting who intended to address this. In addition one resident informed the inspectors that they would like to have more input in the plans for the reconfiguration of the unit.

There was a policy on residents' finances in the centre. However, inspectors found that some of the information contained in this, did not uphold residents rights. This was discussed with the provider following the inspection. Inspectors reviewed one resident's financial records and were not assured that effective safeguards were in place. For

example inspectors found one incorrect balance recorded on financial records that indicated money was not accounted for.

This was discussed at the feedback meeting and the provider intended to have a full financial audit completed for residents in the centre. In addition financial records were inconsistently recorded and it was not clear what supports residents required in terms of their finances as there was no assessment in place around this.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found that the action from the previous inspection had been implemented; however, improvements were required in the contracts of care for residents.

Inspectors were informed that each resident had a contract of care in place. This had been an action from the previous inspection. A sample viewed by inspectors found that they had been signed by the resident or a representative where appropriate. However, the contracts of care did not include the fees to be charged, details of additional charges and did not fully outline the services to be provided.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall inspectors found that for the most part residents had opportunities to participate in activities that were in line with their own wishes; however, improvements were required in the assessment of need, health action plans and social care needs for some residents.

The actions from the last inspection had been implemented. All staff had been trained in person centred planning and there was on-going work in relation to the implementation of care plans. For example, regular audits were being completed to ensure that documents were up to date. Inspectors viewed records of two that had been completed since January 2016. The findings of this audit found that some care practices were not documented in the personal plans.

Inspectors found that residents had a healthcare assessment in place, however not all areas were addressed in this. For example, mental health issues. In addition one resident's personal plan had two assessments on file. One was dated and the other had no date recorded. The information contained in these was inconsistent. For example, one assessment stated that a moist diet was required, while the other stated that food should be chopped.

Plans were in place to support residents. For example, communication plans and medication management plans, however some did not contain enough detail in order to guide practice and ensure that residents were supported to maintain independent skills. For example, medication management plans that were developed to promote independence, did not outline what supports the resident required around the administration of medication. This was discussed at the feedback meeting. In addition some identified needs had no health action plans in place in order to guide practice.

A separate assessment of need was contained in residents' personal plans for social care needs. For example, some residents had my life plans on file, whereby goals were set for the year. Meaningful activities assessments had also been completed for each resident and from this a time table had been developed for each resident on activities of interest to them.

Records were maintained if residents choose not to participate in activities in line with their preferences. However, some residents had no new goals identified for the year and activities were not always meaningful for some residents. For example, some resident's records for a 24 day period had limited social activities recorded.

Residents spoken to informed inspectors of being involved in many activities in the centre and there was a recreational coordinator employed in the centre to support residents. Residents spoken to were very happy with the supports they received from

this staff and informed inspectors of how they had been supported to attend training courses outside of the centre.

Multidisciplinary annual reviews were being completed for residents that included family representation. Inspectors saw where additional meetings were planned for the year. However, some of the actions identified in the minutes had not been implemented.

A number of residents in the centre had expressed a wish to transition from the centre to a more independent community setting. One resident's transitional plan was viewed by inspectors and the information contained details of the residents' preferences and wishes. Inspectors found that goals had been identified and that the transition process was currently on hold in line with the residents' wishes.

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):

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

Findings:

Overall inspectors found that the centre was generally clean and well maintained, however the actions from the previous inspection had not been completed.

At the last inspection significant failings were found in relation to premises. In response the provider had undertaken to have major renovation works to the centre in order to comply with the regulations. However, to date this had not been completed.

Prior to the feedback meeting the inspectors met with the provider nominee to discuss issues with the premises. The inspectors were shown plans that had been drawn up and was informed that the original tender process was in excess of the allocated budget secured. The provider informed the inspectors that the tender process was to begin again and that a decision would be finalised in two months, at which time the provider would inform HIQA of the intended start date for works to be completed in the centre.

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):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. However, improvements were required in the management of incidents, risk management and fire safety in the centre.

There was a risk management policy and health and safety statement in place in the centre. The risk register for the centre had some identified risks in the centre and included risks identified from incidents that had occurred in the centre. However, it did not include all risks in the centre. For example, there were no risk assessments in place on oxygen or slips trips and falls in the centre.

Inspectors also found that some of the information contained in the risk register were still marked as active even though the risk had been mitigated. For example, behaviours that challenge. In addition the risk register was not effectively updated. For example, one identified risk in the centre stated that additional control measures should include more training for some staff. However, it did not identify who was responsible for completing this and whether it had been completed. The last entry stated that it had been discussed on 15 February 2015.

There was a system in place to review incidents in the centre. Incidents were reviewed by the quality and safety team and a report was prepared monthly on identified trends. However, this report included all areas of the campus and was not specific to the designated centre. The inspectors found that the review of incidents did not include the identification of trends in order to review practices. There was also no evidence to support how the review of incidents was discussed with staff in the centre.

There were emergency evacuation procedures available in the centre. Each resident had a personal emergency evacuation plan in place; however, they were not detailed enough to guide practice. For example, it did not outline the location of medical equipment that may be required to ensure residents safety in the event of an evacuation.

Staff spoken to were very knowledgeable about the procedures in place to evacuate residents in the centre. Suitable fire fighting equipment was provided and this had been serviced appropriately. However, not all staff were trained in the use of fire extinguishers in the centre.

There was an adequate means of escape that included emergency lighting. Fire exits were unobstructed. Fire doors were in place and parts of the centre were compartmentalised in order to contain fire. A fire drill had been completed. However, it

was unclear what all of the findings from the fire drill were. For example, it stated in the findings that all staff had checked the toilets to ensure all residents were evacuated, yet the recommendations stated that all staff were reminded about the importance of doing this.

The centre had household staff and inspectors reviewed a sample of cleaning schedules. There was an infection control policy in place; adequate hand washing facilities and personal protective equipment were available throughout the centre. Vehicles used to transport residents were not inspected as part of this inspection.

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):

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

Findings:

Overall inspectors found that there were measures in place to protect residents from being harmed or suffering abuse.

Since the last inspection one resident had been supported to move to a more suitable location. This had been part of the action plan from the last inspection.

Residents who spoke to inspectors stated that they felt safe in the centre and said they could raise concerns if they needed to. Inspectors observed staff treating residents with respect and warmth. Staff interviewed were aware of the reporting systems in place in response to an allegation of abuse and were familiar with the designated officer in the centre.

Residents had behaviour support plans in place where appropriate. Records showed that they had been reviewed recently. All staff had received training in the management of behaviours that challenge and some were due to attend refresher training in the near future.

There was a restraint policy in place in the centre. One restraint was used in the centre. A risk assessment and care plan was in place around the use of the restraint. Records showed that the restraint had been reviewed by the multi-disciplinary team and while the records showed that alternatives had been researched, it did not include details of what alternatives had been researched and why they were not suitable.

Residents had plans in place around personal care; however, they were not detailed enough to guide practice so as to ensure that residents' dignity was maintained. Inspectors were informed at the feedback meeting that the service was in the process of implementing a new policy on intimate care that would address this issue.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall inspectors found that resident's healthcare needs were being met and residents had access to allied health professionals in line with their needs.

Residents had timely access to allied health professionals. For example, there was access to a physiotherapist on a full time basis in the centre. The provider also informed inspectors that the services of a psychiatrist on site had been secured that would improve accessibility for residents.

End of life plans were in place for residents that included do not resuscitate orders where appropriate. Inspectors were informed that this was reviewed every three months with residents and family members. Inspectors did not view any records of reviews in place as this had been addressed at the last inspection. However, one resident spoken to confirmed that this was discussed with them every three months.

Nutritional plans were in place to support residents at meal times and the advice of allied health professionals was incorporated into these plans. Mealtimes were not observed at this inspection. Food was supplied from a central kitchen on the campus and some meals were prepared on the unit. Inspectors were informed by residents that choices were available at meal times and there was access to snacks/drinks if requested.

There was a cafeteria/restaurant located close to the centre and residents had access to this. Inspectors were informed by one resident that the resident's advocacy group had identified a need for a vending machine in the cafeteria at weekends. This had been provided and residents were now able to visit the cafeteria with family members when they choose to. Inspectors were also informed that residents went to the cafeteria for some meals to enhance social skills and meet other people.

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):
No actions were required from the previous inspection.

Findings:
Overall inspectors found that there were effective medication management systems in place in the centre.

Inspectors reviewed as sample of medication prescription sheets and administration sheets and found that there were effective systems in place. Two as required (PRN) medications did not have the maximum does indicated on the prescription sheet and the indications for use for one medication had not been recorded. However, these issues had been addressed by the end of the inspection. Inspectors observed that staff followed appropriate medication practices and medications were administered as prescribed.

The medication policy was not reviewed as part of this inspection. Inspectors spoke to staff and found appropriate procedures were followed in the centre for the handling and disposal of unused and out of date medicines, including controlled drugs. For example, medications were checked every month to check expiry dates and any unused medications/expired medications were returned to the pharmacy on site in a locked box. In addition the systems in place for the handling of controlled drugs were in line with best practice.

Fridge temperatures were recorded daily for medication that required refrigeration.

A sample of medication errors were viewed by inspectors. There was a system in place to review errors and follow up action had been taken to address issues from the sample viewed.

Three residents were being supported by staff to manage their own medications. Risk assessments had been completed and a medication management plan had been developed for each resident. Non nursing staff had been trained in the administration of medication in the centre in order to support these residents.

Inspectors were informed that there was no chemical restraint used in the centre.

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:

Overall inspectors found that the statement of purpose for the centre did not adequately reflect the services provided in the centre.

The statement of purpose had been reviewed since the last inspection. However, it still did not contain all of the information required under Schedule 1 of the regulations. This had been an action from the last inspection. Inspectors found that the document did not contain the following:

- The admission criteria did not consider the needs, wishes and safety of other residents living in the centre
- An accurate reflection of the organisational structure of the centre
- Floor plans that included room sizes
- An accurate reflection of the whole time equivalents in the centre
- The provisions for access to education, training and employment
- The provisions for separate day care facilities
- The accurate arrangements for maintaining the privacy and dignity of residents
- The arrangements in place for residents to access social and leisure interests
- Details of specialist services provided in the centre.

This was discussed at the feedback meeting.

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:

Overall inspectors found that there were effective governance and management systems in place in the centre; however, some improvements were required.

Since the last inspection a new person in charge had been appointed in the centre. This had been an action from the last inspection. This person was responsible for two other designated centres on the campus and another area of the service. However, there was a clinical nurse manager 2 (CNM2) in the centre who supported the person in charge with the day to day running of the centre.

The person in charge was interviewed on the day of the inspection. They were found to be suitably qualified, knowledgeable of the resident needs in the centre and were aware of their responsibilities under the regulations.

There were clearly defined management structures in place, staff reported to the CNM2, who reported to the person in charge. The person in charge reported to the provider nominee. The person in charge met with the provider nominee on a weekly basis. Weekly meetings were held in the centre and they were facilitated by the CNM2. Inspectors were informed that the person in charge attended some of these meetings.

There were also daily visits to the designated centre by the assistant director of nursing/ director of nursing in order to support staff and deal with any issues that may arise. The person in charge met with the CNM2 on a regular basis. However, there were no records confirming this and inspectors were informed that this was generally done on an informal basis.

An unannounced quality review of the centre had taken place in the centre in Feb 2016, however inspectors found that the person nominated was not suitable to complete this. This was discussed at the feedback meeting. In addition there were no clear actions identified from the review process and therefore it was difficult to assess the effectiveness of the review.

An annual review had not been completed for the centre; however inspectors found that a number of audits had taken place in the centre, which reviewed the quality and care in

the designated centre. For example an audit had been completed on care plans in the centre. In addition a resident's satisfaction survey had been completed. The person in charge intended to use this information to form part of the annual review.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall inspectors found that the action from the last inspection had been implemented and there were adequate resources in place to meet the assessed needs of residents.

Since the last inspection three new staff had been employed in the centre, this had reduced the reliance on agency and relief staff. In addition inspectors found that staffing in the centre had been recently reviewed and an additional evening shift had been introduced in order to meet residents social care needs in the centre.

Judgment:

Compliant

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:

Overall inspectors found there were enough staff on duty to meet the assessed needs of residents; however improvements were required in personnel files, fire training and the use of volunteers and personal assistants in the centre.

Inspectors found that since the last inspection the reliance on agency staff had reduced in the centre as three new staff had been employed. In addition the provider was recruiting staff for a relief panel that would be used to ensure consistency of staff in the centre.

Supervision for staff was in the process of being rolled out in the centre. Managers had completed training in this area and inspectors were informed that this was to be completed with staff every six to eight weeks in the centre. This had been an action from the previous inspection and therefore was only partially implemented. However, staff who met with inspectors felt supported in their role and said that they could raise concerns at any time.

Inspectors reviewed a sample of personnel files and found that some information required under schedule 2 of the regulations were not in place. For example some files did not contain two references and there were no photographs on file for some staff.

There was one volunteer employed in the centre, however there were no records to support that supervision was in place for the volunteer and their roles and responsibilities were not set out in writing. In addition a personal assistant was in place for one resident in the centre. However, there were no records in place for their roles and responsibilities in the centre or the supervision on place for this staff.

Inspectors reviewed the training records for staff and found that not all staff had completed appropriate fire safety training in the centre. All staff had completed training in manual handling and safeguarding. One staff was due to complete refresher training in safeguarding. Inspectors did see evidence of a training schedule in place to address this issue. Agency staff employed in the centre had mandatory training completed, this was verified by records shown to inspectors.

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:

Anna Doyle
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:	Peamount Healthcare Neurological Disability Service
Centre ID:	OSV-0003505
Date of Inspection:	09 June 2016
Date of response:	12 July 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 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:

Information contained in the finance policy was not upholding residents' rights in the centre.

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

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The Service User monies policy has been replaced with the Residents' Personal Property, Personal Finance and Possessions policy to ensure residents' rights are upheld.

Proposed Timescale: 19/09/2016

Theme: Individualised Supports and Care

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

The action from the last inspection had not been implemented and some residents' beds were still located in a bay area in the centre. This was compromising residents' rights to privacy and dignity.

2. Action Required:

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

The scheduled renovations to ensure residents privacy and dignity is respected commenced on Monday the 5th of September.

Temporary accommodation has been arranged for 7 residents on site for the duration of the works. A transfer plan for each individual has been completed and agreed with the individuals.

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

The action from the last inspection had not been implemented and residents had insufficient storage space for their personal possessions.

3. 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:

Additional storage space is included in the schedule of works taking place in the centre.

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

It was not clear how residents were to be supported with their financial affairs as there was no assessment of need in place.

Financial Records were poorly maintained.

Inspectors found one discrepancy in the financial records for a resident where money had not been accounted for.

4. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. Each individual has been assessed and the supports are clearly identified in a detailed money management plan by the Occupational Therapist and CNM2.
2. A robust system of recording financial records of residents has been introduced.
3. Finance Staff have completed an internal audit on service users' finances to ensure that all transactions were accounted for correctly. Recommendations from this audit have been implemented.

Proposed Timescale: 14/09/2016

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 contracts of care did not outline the fees to be charged, additional fees and all of the services provided in the centre.

5. 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:

1. The Contracts of care have been reviewed and amended to include the services to be provided and the amounts of additional fees to be charged where appropriate.

Completed

2. This revised contract will be discussed with each individual resident and/or their representative and signed with their agreement. 30/11/2016

Proposed Timescale: 30/11/2016

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:

Not all identified needs were included in the assessment.

One personal plan had two assessments of need completed and the information contained in them was inconsistent.

6. 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:

1. There is an ongoing review of each care plan to ensure that all assessments are consistent with a comprehensive assessment of healthcare, mental health issues, nutrition, administration of medication and social care needs of each resident.

2. The personal plan identified by the inspector has been reviewed and updated to reflect current need.

Proposed Timescale: 14/09/2016

Theme: Effective Services

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

Actions identified from annual reviews had not been implemented.

7. 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:

Minutes of MDT annual reviews with residents and their representatives will be reviewed and the actions identified will be completed.

Proposed Timescale: 14/09/2016

Theme: Effective Services

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

Some identified needs had no health action plans in place to guide practice.

Some residents had no new goals identified for the year.

One resident's personal plan had limited meaningful activities recorded on their personal plan.

8. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Care Plans will be reviewed to ensure that health action plans and social care plans are based on comprehensive assessments that sufficiently guide practice and provide residents with more meaningful activities that meets their needs.

Proposed Timescale: 14/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The physical layout of the centre does not meet the regulations and is compromising resident's privacy and dignity.

9. Action Required:

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

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

The renovation works commenced on Monday the 5th of September.

Proposed Timescale: 31/12/2016

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:

Not all risks had been identified on the risk register.

One risk identified on the risk register was no longer active.

It was no clear who was responsible for the additional actions necessary to mitigate risk.

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:

1. The risk register has been updated to include risks associated with oxygen, slips, trips and falls. Completed
2. The risk that was no longer active has been removed. Completed
3. The register has been updated to specify who is responsible for additional actions necessary to mitigate risk. Completed
4. Risks will continue to be reviewed on a monthly basis to identify any learning and if there is a requirement for the risk to be escalated it will be done through the channels of both Health and Safety Committee and Quality & Risk Committee. 31/08/16 and ongoing

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Incidents were not effectively reviewed in order to inform learning in the centre.

11. 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:

1. Incidents are recorded at unit level and action plans devised, all data is inputted into the NIMS. Completed and ongoing.
2. The monthly reports on incidents will reflect the trends for that individual unit. The learning from the incident will be communicated by the CNM2 through one to one communication, staff meetings supervision or reflected learning. This communication will be reflected in minutes of staff meetings. Ongoing
3. The emergency plan has been reviewed and updated in line with identified risks.

Completed and ongoing

Proposed Timescale: 14/09/2016

Theme: Effective Services

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

The records for a fire drill that had taken place in the centre, did not include details of the times of the evacuation and any issues identified.

Personal evacuation plans were not detailed enough to guide practice.

12. 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:

1. A Fire drill report that includes the date, time and duration of the drill was provided.
Completed
2. Following the completion of the Fire drill a de-briefing will be given to all staff present, the written report of the drill and any issues identified will be communicated to staff. Ongoing
3. The Personal evacuation plans for every resident will reflect the specific requirements that the residents may have in ensuring that they get to a safe location. 21/09/2016

Proposed Timescale: 21/09/2016

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:

The alternatives researched for one restrictive practice was not detailed in the personal plan.

13. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The care plan has been reviewed and the details of the alternatives considered are recorded in the care plan.

Proposed Timescale: 14/09/2016

Theme: Safe Services

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

Intimate care plans were not detailed enough to guide practice.

14. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All intimate care plans have been reviewed and amended with additional detail to guide practice and ensure residents dignity is maintained in line with the revised intimate care policy.

Proposed Timescale: 14/09/2016

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 include all of the information required under schedule 1 of the regulations as outlined in this report.

15. 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 has been reviewed and amended.

Proposed Timescale: 14/09/2016

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 annual review for the centre had not been completed.

16. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual

review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

An annual review of the Quality and safety of care and support in the centre has been scheduled.

The annual review report will be made available to residents and to the chief inspector.

Proposed Timescale: 31/10/2016

Theme: Leadership, Governance and Management

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

There was no clear action plan contained in the unannounced quality and safety review as to how issues were to be addressed.

17. 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 registered Provider will ensure that there is an unannounced visit to the centre every six months and prepare a report on the quality of care and support provided in the centre.

Proposed Timescale: 30/10/2016

Theme: Leadership, Governance and Management

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

There were no recorded minutes of meetings in the centre between the CNM2 and the person in charge.

18. 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 formal system has been put in place where the Person in Charge will meet with the Clinical Nurse Manager 2 on a monthly basis, in relation to quality & Safety. The minutes of these meetings will be recorded.

Proposed Timescale: 14/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff files did not contain two references and some did not have a photograph included.

19. Action Required:

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

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

HR are conducting an audit of all staff files and are making the necessary amendments to ensure that they are compliant with the regulations.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

Supervision of staff had not commenced in the centre.

20. 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:

1. The Supervision policy will be implemented across the centre. Ongoing
2. The CNM2 is scheduling regular supervision sessions with staff in the centre. Ongoing
3. The CNM2 will be supported by a CNM1 when recruited. November 2016

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

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

Some staff had not completed appropriate training in fire safety.

21. 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:

Fire Training is provided regularly in the centre for all staff to ensure 100% attendance can be achieved. The 6 remaining staff have attended fire safety training.

Proposed Timescale: 14/09/2016

Theme: Responsive Workforce

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

The roles and responsibilities of the volunteer were not set out in writing.

22. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

The volunteers will be provided with clearly identified roles and responsibilities, a copy of which will be filed with their records in HR.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

There were no arrangements in place for the supervision of the volunteer in the centre.

23. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

1. The volunteers will be under the supervision of the nurse in charge. Completed
2. The volunteer will work alongside and be supported by the staff on duty. Completed and Ongoing
3. There is a formal system of supervision for volunteers recorded in the centre and supports identified at these meetings will be implemented. Ongoing

Proposed Timescale: 14/09/2016

