

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Peamount Hospital
Centre ID:	OSV-0000468
Centre address:	Newcastle, Co. Dublin.
Telephone number:	01 601 0311
Email address:	jgmenton@peamount.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Robin Mullan
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	49
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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 November 2015 10:30 To: 13 November 2015 19:30

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

Outcome	Our Judgment
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to monitor ongoing compliance with the Care and Welfare Regulations and the National Standards. It also followed up on some matters arising from the registration renewal inspection carried out on 20 January 2014 and to monitor progress on some of the actions required. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

As part of the inspection, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner.

Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections although further action is required in areas of care planning and premises.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These include improvements to social care, assessment and care planning processes.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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 provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff spoken to by the inspector confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations, measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. The inspector spoke with relatives during the inspection who were satisfied with the overall level of care being provided and stated that any concerns they raised were addressed.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

There was a policy in place for behaviour that is challenging and training on managing challenging behaviour had been provided. Staff spoken to by the inspector were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their medical consultant and there was access to psychiatric services for further specialist input.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint was monitored on an ongoing basis and the use of alternative measures such as ultra low beds, mat and bed alarms had increased.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety and fire safety and were found to be compliant. This was replicated on this inspection in that the environment was kept clean, uncluttered and was well maintained and there were measures in place to control and prevent infection. Fire panels were in order and fire exits were unobstructed.
A risk register was established which was regularly reviewed and updated. The register was found to include both clinical and environmental risks.

Information received through the Authority's notifications process highlighted a need for improvements in staff knowledge and implementation of evidence based practices on safe moving and handling and safe use of hoists.

The centre's policy on moving and handling and safe use of hoists was found to be updated. An increase in the number and type of hoists and slings was also found relevant to the number of people who required to be hoisted for all transfers.

In conversation with staff and on observation, the inspector found that staff were aware of the risks associated with the use of hoists, the types of hoists and slings available for use and could differentiate between them. Staff were also aware of the importance of correct and regular re assessment of residents' mobility needs and capacities which were found to be regularly reviewed. Staff could also explain the variations of slings in use and could link them to residents' capacities to ensure their suitability.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

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

No actions were required from the previous inspection.

Findings:

No actions were required from the last inspection and therefore all lines of enquiry were not reviewed.

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had regular access to 24 hour medical cover from within the centre and they and their relatives told the inspector that they were satisfied with medical care provided. The inspector reviewed medical notes which confirmed that doctors attended residents both for routine review and if the resident was unwell. Residents had access to a range of multidisciplinary services who were employed by the centre. Physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietetic services had regular input and social work services were available on a referral basis as were audiology services. The inspector noted the referral requests and the ongoing reviews and treatment plans from these services in residents' files.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required.

On a small sample of care plans reviewed, it was noted that the recommendations of allied health professionals were not always included, for example, where residents exhibited aspects of behaviour that challenged, the care plan did not identify potential triggers of the behaviour; the form of behaviour demonstrated or whether the behaviour escalated.

The plan did not guide staff in the steps to be taken to manage the behaviour in a consistent manner using recognised de-escalation techniques prior to resorting to the use of prescribed anxiolytic medication. Although it is acknowledged that regular staff were familiar with and using recognised de-escalation techniques, it was found that the basis for the decision to use the medication and the consistency of the use was not clear. But it was also found that where recently admitted residents were found to be at risk of deterioration in their mental health status, guidance was not available to staff on the indicators of such a deterioration or the interventions to use to manage it.

Similarly plans in place to direct and manage care for pressure ulcers were not detailed

enough to guide staff. Information such as weights, nutritional assessment scores and pressure relieving mattress settings were not included or referenced. In some instances, the care plan had not been updated to include all of the pressure ulcers identified for treatment.

Care plans and risk assessments were not linked and some risk assessments were not fully completed which prevented an overview of the actual condition of the resident from being accurately formed. Examples included wound risk assessments that did not include basic information such as wound dimensions.

Care plans in place for aspiration pneumonia did not include any interventions to reduce or prevent the risks of aspiration.

Although care plans were reviewed and updated on a regular basis and as needs changed it was found that the reviews did not include a determination of the effectiveness of the plans to manage the needs identified.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

No actions were required from the last inspection and therefore all lines of enquiry were not reviewed.

It was noted that the centre's environment posed challenges to staff in trying to ensure that residents' privacy and dignity was respected. Despite this however it was found that staff protected rights to privacy and dignity by knocking on toilet and bathroom doors and waiting for permission to enter.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the large open plan sitting room

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay at their bedside or spend time with others in the communal rooms.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where

residents were consulted about future activities or outings.

All communal areas were supervised and apart from short periods at least one staff member was present to ensure resident safety.

An activity programme included activities arranged for the mornings and afternoons such as; music, quizzes, arts and crafts exercise and relaxation therapies. But this programme was delivered in a building separate from both units where the residents of the older persons centre lived. Activities staff visited both units each day to ask residents if they wished to be brought to the 'Core' building where the activities took place. Those that expressed a preference to go were then warmly and appropriately dressed and staff accompanied those who could walk or assisted wheelchair users. On the day of inspection it was found that few of the residents availed of or were able to avail of the offer to go to the activities building, it was noted that many of the residents preferred to remain where they were rather than face the elements.

The inspector found that for the majority of those who remained, there were few meaningful activities in place relevant to residents past interests or current capacities.

Throughout the morning, it was noted that with the exception of five or six, most residents remained seated at their bedsides. Some played card games such as patience others read the newspapers or magazines but most simply sat in their chairs without occupation. Radios or T.V.'s were not turned on in the bedroom areas.

Resident's in the sitting room area were all seated where they could view the T.V. which was on but the volume was not turned up.

Staff were all busy providing direct care to residents throughout the morning. At approximately 12:20pm a staff member when free, spent around 20 minutes with residents in one sitting room, a 40's musical film was put on and two residents were encouraged and assisted to play a game of connect 4. Another staff member was seen to bring out a 'rummage' box to stimulate conversation and evoke memories. Later that evening a large group of residents were observed watching and enjoying a Fred Astaire movie.

In conversation with activity staff and on review of the programme in place it was noted there was good variety of outings and activities in place. But it was noted that the programme consisted entirely of group activities. Although the inspector was told that 1;1 sessions were provided it was noted these sessions were limited for the majority of persons who spend most of their time in bed or in their bedrooms, were ill or recovering from illness. Sessions usually lasted about 15 minutes and on average were provided weekly.

Although recent efforts were noted by the clinical nurse managers to improve ways to engage residents in activities that were meaningful, it was found that despite the significant number of residents with cognitive impairment, this aspect of the care programme has not yet been developed

Consideration should be given to group and individual activities that are meaningful and reflect residents past interests or lifestyles. These could be incorporated into the programme which requires further development to ensure all residents are supported to participate in accordance with their capacities as required by the Regulations.

In conversations with residents and relatives the inspector learned that problems identified and raised with management on difficulties such as; Visitors room too small to facilitate wheelchair users or more than about four people at a time; problems with TV's of similar make in close range in bedroom areas causing problems where changing

channel/turning off affects others; lack of facilities and areas of diversion for relatives and residents at all times. There were two large sitting rooms in each unit. One on each 'side' male and female. Both these sitting rooms were in full use throughout the day. Other than the small visitors room, which was not suitable for all residents there were no other areas of diversion for residents and their relatives where they could sit and have a private conversation or enjoy quiet personal time together. This was a daily difficulty but especially at weekends when the on-site café closed and visitors cannot access or enjoy refreshments with their loved ones who are residents.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

All lines of enquiry were not reviewed on this inspection.

Actions required following the last inspection related to the roles and responsibilities of volunteers in the centre. However a determination as to whether this action was completed could not be made as there were no volunteers currently working in the centre.

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that this was not excessive and cover was mainly provided within the existing staff.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
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 Hospital
Centre ID:	OSV-0000468
Date of inspection:	13/11/2015
Date of response:	03/12/2015

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 11: Health and Social Care Needs

Theme:

Effective care and support

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

All care plans did not include the recommendations of allied health professionals and some were not detailed enough to guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All resident's care plans will be reviewed by the Primary Nurse/Key worker and recommendations made by AHP's will be incorporated into the care plan to guide staff. The care plans will be audited at the end on January 2016.

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The care plans will be reviewed to determine the effectiveness of the care plan in consultation with the resident and their family where appropriate.

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

Complete comprehensive nursing assessments were not carried out for each resident in respect of every identified need.

3. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All residents are assessed prior to admission by a CNS. This process will be continued by the Key worker following admission and referrals made to the appropriate members

of the multi-disciplinary team. The resident needs will be reassessed 4 monthly or more often if there is a change in residents condition.

Proposed Timescale: 31/12/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

All residents were not supported to participate in accordance with their capacities. Group and individual activities that are meaningful and reflect residents past interests or lifestyles and activities specific to residents with cognitive impairments and/or with limited or no mobility were not evident.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Meaningful activities and how they are currently being delivered will be reviewed. There will be greater focus on residents with cognitive impairment and delivery of activities that are unit based and tailored to the needs of individuals. An identified activities support person will be allocated to each unit and work closely with the CNM on individual and small group activities at unit level. All Nursing and healthcare assistants will be educated in supporting residents with meaningful activities and meaningful moments. This change to service delivery has already commenced.

Proposed Timescale: 31/01/2016

Theme:

Person-centred care and support

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

There was a lack of facilities and areas of diversion for relatives and residents at all times.

5. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

Peamount Healthcare has submitted plans for the replacement of 100 beds to the Chief Inspector on 19th November 2014. The design team are currently finalising plans to be

submitted for planning permission in January 2016. The Capital Development plan is due for completion in 2017.

Proposed Timescale: 30/09/2017