

**Health Information and Quality Authority
Regulation Directorate**

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



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| 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: | Suzanne Corcoran |
| Lead inspector: | Anna Doyle |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 18 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:

07 December 2016 13:30

To:

07 December 2016 14:15

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

Outcome 06: Safe and suitable premises

Summary of findings from this inspection

Background to the inspection.

This was the fourth inspection carried out in this centre. The purpose of the inspection was to inform a registration decision and to follow up on matters arising from a previous inspection carried out on 9 June 2016. At this inspection inspectors found that the provider had not addressed the actions under safe and suitable premises from the previous two inspections carried out by HIQA.

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 can accommodate 19 residents. 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.

The inspector carried out an inspection of the premises. No other outcomes were inspected against. Both the person in charge and the clinical nurse manager 2 were present. Some of the reconfiguration work was still in progress. However considerable progress had been made since the last inspection.

Overall judgment of our findings.

The inspector was satisfied that the provider had taken appropriate measures in order to address the failings found under Outcome 6 at the last inspection. On the day of the inspection, building work was still in progress. However, the person in charge informed the inspector that a completion date was set for before the end of the year.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that the actions from the last inspection were being followed up and that once complete the centre would meet the needs of all residents in terms of respecting their privacy.

At the last inspection significant failings were found in relation to premises. This had been an action from two previous inspections carried out in the centre. The provider had undertaken to have major renovation works to the centre in order to comply with the regulations.

This centre is divided into two areas. On the day of the inspection one of the areas was vacant as building work was still been completed.

The inspector found that the provider had implemented the agreed actions from the last inspection in that; bay areas in the centre which were compromising resident's privacy and dignity had been reconfigured. There were now single occupancy rooms for 17 residents and one double occupancy room. All bedrooms were spacious and the inspector was shown a built in wardrobe in one bedroom that would be installed in all other bedrooms to ensure that residents had sufficient storage for personal possessions.

There were adequate toilet and shower facilities, all of which had been redecorated, some had been extended and appropriate assistive devices were in place.

The person in charge also informed the inspector that additional work was planned for 2017 to reconfigure the reception area in the centre and to provide access to additional storage facilities for equipment.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority