

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Centre A1
Centre ID:	OSV-0005386
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:	22
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: 03 May 2017 09:30 To: 03 May 2017 12:45

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.

This was the fourth inspection of this designated centre. The last inspection was completed in Jan 2017. Since this inspection, due to safeguarding issues, the provider had applied to add another unit to this registration.

Description of the Service.

This centre is operated by Peamount Healthcare and is situated on a campus based setting in County Dublin. It comprised of six units and provides care to male residents with intellectual disabilities who require additional supports in areas such as: mobility, dementia care and medical needs. Nursing supports are available on a twenty four hour basis to residents in the centre.

How we gathered evidence.

Over the course of this inspection, the inspector reviewed the premises to ensure that the provider was meeting the requirements under the regulations. In addition to this the inspector reviewed the transition plan for one resident. The inspector met with the provider, the person in charge, the maintenance manager, a staff member and the director of nursing for Peamount Healthcare. Additional information was submitted post inspection to verify some issues as on the day of the inspection as transition dates and plans were not finalised.

Overall judgment of our findings.

Four outcomes were inspected against. The actions from the last inspection were not followed up on, as the inspection was focused on one new unit in the centre.

However, the inspector did meet with the provider to discuss progress on the action plan to date.

Overall the inspector found that of the four outcomes inspected, that the provider was meeting the requirements of the regulations. One outcome under outcome 6, premises, was found to be in substantial compliance with the regulations. However, the inspector acknowledges that the remedial works had not been completed on the day of the inspection.

The other three outcomes, under outcome 5 social care, outcome 7, health and safety and outcome 17, workforce were found to be 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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that the transition of this resident was based on their assessed needs. No other aspects of this outcome were inspected against.

The inspector reviewed the transition plan for the proposed resident and found that this was still in progress. However, additional information was submitted post inspection confirming that a multi disciplinary meeting had been held to finalise this process.

From this the inspector was assured that appropriate measures were in place to ensure that planned supports were in place for when the resident transferred to the unit. For example, a weekly meeting would be held to review the transition process, risk assessments had been completed and the behaviour support plan would be reviewed.

The inspector found that while the resident had not been consulted about this process that this was in line with their assessed needs. However, the resident's representative had been consulted and was in agreement with the transition.

The family member was due to visit the unit in the coming week and there was a plan in place to ensure that the transition for the resident was completed on a phased basis if required.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector found that the layout and design of the unit were suitable for its stated purpose, however some minor improvements were required.

The unit had not been furnished as there was still some work to be completed on the day of the inspection. However, the inspector was informed that a budget had been allocated to allow the resident choose some new furniture, in addition to bringing their own personal belongings.

The unit based on Peamount campus had been reconfigured by the provider to comprise of a one bedroom unit with two recreation rooms. The inspector found that the unit had:

- Adequate private and communal accommodation, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of the resident
- Adequate space and suitable storage facilities for the personal use of the resident
- Adequate ventilation, heating and lighting
- A kitchen area with sufficient cooking facilities
- Bath/shower and toilet facilities of a sufficient number and standard suitable to meet the needs of the resident
- Suitable arrangements for the safe disposal of all waste as and where required

However, the inspector found that some works were still to be completed which included:

- The installation a handrail to the outside of the building.
- One area of the unit required some work to ensure that the residents privacy was maintained.
- Some storage areas in the centre required a deep clean, however this was to form part of a full deep clean of all areas prior to the resident transitioning to the unit.

The inspector was assured that all works would be completed prior to the resident's transition.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were appropriate fire safety systems in place in the centre. No other aspects of this outcome were reviewed.

The inspector found that adequate fire fighting systems had been installed, including a fire alarm, emergency lighting, fire extinguishers and fire blankets. In addition fire doors were in place in order to contain fire.

Fire evacuation procedures were in place and the inspector was informed that the residents personal evacuation plan would be reviewed as part of their transition to the unit.

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):

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

Findings:

The inspector found that the provider intended to have appropriate staffing levels in place in order to support the resident.

The provider informed the inspector that funding had been agreed with the HSE to provide 5.1 whole time equivalents in the unit to support the resident. Staffing supports would include one staff on duty during the day and night to support the resident.

The inspector was shown a sample roster which verified this. Two permanent staff who were familiar to the resident would transfer to this unit. The other staff compliment would be made up of relief staff who had also been working in Peamount Healthcare for the last number of years.

The inspector was informed that supervision would commence for all staff in the centre. A staff nurse would visit the centre three times a day. A senior staff nurse would also complete induction with all new staff employed prior to the resident's transition and initially weekly staff meetings would take place in the centre.

The inspector was shown training records for staff and found that staff had completed mandatory training. While some gaps were identified in relation to the assessed needs of the resident. Additional information was submitted post inspection to verify that all staff would complete training in behaviours of concern and first aid prior to the transition.

Garda vetting was in place for staff who had recently been employed in a relief capacity in the centre.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0005386
Date of Inspection:	03 May 2017
Date of response:	11 June 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

Some works were still to be completed in the unit which included:

- The installation a handrail to the outside of the building.
- One area of the unit required some work to ensure that the residents privacy was maintained.
- Some storage areas in the centre required a deep clean, however this was to form

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

part of a full deep clean of all areas prior to the resident transitioning to the unit.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Handrails have been installed on both sides of the steps leading to the main entrance to the apartment

The bedroom in the apartment has both black out blinds and heavy curtains installed. The clear glass panels on the dividing door have now a patterned contact on them, to ensure the resident's privacy.

The full apartment including the storage areas have all had a deep clean.

Proposed Timescale: Complete

Proposed Timescale: 11/07/2017