



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Centre A1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0005386
Fieldwork ID:	MON-0025059

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is home to 12 residents and consists of two bungalows and three self-contained apartments. Care and support is delivered by registered nurses and health care assistants. The staff team work over a 24 hour period and are supervised by the person in charge or clinical nurse managers. Care is supported by a specialist service i.e Clinical nurse specialists, General practitioner services, psychiatrist, social worker, dentist and chiropodist. Each resident has an individualised nursing care support plan and positive behaviour support plan as required. The multidisciplinary team approach includes input from the relevant social worker, speech and language therapist, dietitian, occupational therapist and physiotherapist, all where required. Psychiatry and psychology services are also available on a session basis or as required. Residents have access to clinical nurse specialists in management of behaviour, dementia and older persons services, and infection control. Each resident has an identified key worker, who along with the primary nurse assist the resident in identifying long and short term goals. Some residents attend a full day activation programme in the day service on campus Monday to Friday.

The following information outlines some additional data on this centre.

Current registration end date:	14/04/2021
Number of residents on the date of inspection:	12

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 November 2018	09:15hrs to 19:15hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met nine residents living in two of the units in this designated centre, and observed interactions between staff and residents over the course of the day. The inspector spoke with two residents about what it was like living in the centre. In general, residents appeared content with their home and their own bedrooms and showed the inspector photographs of their families and their timetables for the week.

Capacity and capability

While the provider and person in charge were ensuring a safe service was delivered to residents living in the centre, some improvements were required in relation to the quality of the support on offer and the monitoring of the centre overall.

There had been improvements since the last inspection in how the centre was managed and operated. The person in charge was now responsible for 12 residents across four units which allowed for better oversight of the care and support being delivered. Improvements had been made to risk management systems and reviewing and auditing of practice. However, the monitoring and management systems still required strengthening to ensure the quality and safety of the care and support was consistently monitored. The provider had begun using a new self assessment tool based on the regulations as a quality improvement measure. While some detailed analysis reports were compiled to monitor adverse events and incidents for the period of April to July 2018, it had not been repeated in recent months. An annual review had been done on behalf of the provider for 2017, and the most recent unannounced visit report was April 2018. The inspector found that while the lines of reporting and responsibility were clearer in the centre, and better oversight was in place the monitoring systems required further improvement.

There was a live risk register in place for the centre, that identified all known risks and outlined the control measures to alleviate them. The inspector found that the system for identifying hazards and assessing and managing risk was effective.

While improvement in supporting residents' social care needs had been sustained since the last inspection, the provider needed to continue to strive for improvement in relation to residents' social and personal needs and goals, community involvement and informed decision making. While the medical and nursing needs of residents were being met and there was good clinical governance in place, continuous work was required to ensure residents had a quality of life and meaningful activities based

on exploring new opportunities in line with their preferences.

The inspector found that the provider had ensured the centre was adequately staffed to deliver services in line with the statement of purpose, and to meet residents' needs. The person in charge had recently assessed the staffing levels in the centre. In order to ensure continuity of care, a panel of relief staff who were employed by the provider covered any vacancies or staff absences. At the time of the inspection, there was one vacancy for a clinical nurse manager. In general, there was one staff nurse and 10 health care assistants on duty each day to work across four units of the designated centre supporting 12 residents. At night time from 22:30, there were four health care assistant on duty, and two night nurses covered any nursing care. Risk assessments had been carried out to ensure that for one unit which did not have staffing at night-time was appropriate. Staff knew residents very well and interactions seen were positive and warm. Training records provided to the inspector showed that in general staff were up to date with their identified training, and the provider had a system in place to ensure training needs were identified in advance and dates for refresher training scheduled.

Overall, the provider and person in charge demonstrated capacity and capability to deliver a safe service, with further improvements required to ensure effective monitoring of the care and support being delivered, encouraging and meeting residents' social care needs and compliance with the regulations and standards.

Regulation 14: Persons in charge

Since the last inspection, a new person in charge had been appointed. The inspector found that the person in charge was suitably skilled, experienced and qualified to hold the role. The person in charge worked full time and was responsible for this one designated centre. The person in charge had previously worked in the registered provider's community based setting and was hoping to increase the links with the community for the residents living in this campus based setting.

Judgment: Compliant

Regulation 15: Staffing

On review of the staffing complement and rosters the inspector found there to be an adequate number and skill mix of staff to meet residents' needs. Relief staff were employed by the provider to ensure continuity of care when permanent staff had leave. Planned and actual staff rosters were maintained by the person in charge to reflect who was on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff had access to training, and refresher training to equip them to meet the needs of residents living in the centre. There was a system in place to identify any training gaps or needs. The person in charge supervised staff both formally and informally, with records of one to one supervision records maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Since the designated centres on campus had reconfigured, there were improvements in the oversight arrangements of the centre. A clear management structure was in place, with lines of reporting and accountability identified. While the inspector could see management systems were in place, they required strengthening to ensure the quality and safety of the care and support provided was consistently monitored.

Judgment: Not compliant

Quality and safety

While the provider was ensuring residents received a safe service, improvements were still required to the quality of the care and support being delivered in respect of social activation, meaningful activities and access to the wider community.

The inspector reviewed records and spoke with staff and found that residents were safe in the centre and staff were vigilant in ensuring safeguarding plans were followed. Staff had received training in the protection of vulnerable adults and any concerns had been reported in line with the national policy on safeguarding vulnerable adults. Some residents had their own apartments and higher staffing support, and the changes to these supports had shown a decrease in incidents of a safeguarding nature over the past year.

While some residents who had higher staffing support had busy daily lives and

availed of services and facilities in the wider community other residents spent more time within the campus and centre. Some residents had access to day services on the campus throughout the week, where they engaged in different enjoyable activities. On the day of inspection, some residents spent the day in the centre, with no definite plan for meaningful activities in line with their preferences. On review of records of meaningful activities, some residents' daily records showed limited activity or social engagement; for example, meals, naps and personal care. On review of records, the inspector could see a focus for some residents on trying to use facilities in the community, such as using the luas or bus service for transport and going for coffee with friends. However, overall the inspector found that there was a lack of sampling activities and facilities and explorative work to show residents alternatives to campus based activities, and to give them opportunities for new experiences so that they could make an informed choice on how to spend their day.

There was a system in place for assessments and planning for residents' health, social and personal needs, and the person in charge ensured regular audits of care plans were carried out. Healthcare needs were supported by a strong system in place to ensure residents' needs and supports were clear and met and there was good access to allied healthcare professionals. While there had been improvements in the assessing and planning for residents' social and personal needs, work was still needed in this area. There was a meaningful activities manager who worked full time for the provider, and assessments completed by occupational therapy on meaningful activities. These positive changes had been in place at the time of the last inspection in October 2017. However, even with these changes there remained gaps in the provision of meaningful activities for all residents and support in relation to their social goals. For example, while residents' hobbies and interests had been recorded, when residents were supported in the community they were not engaging in these particular hobbies or interest. Goals that were set with residents were not always linked to the assessments, and were often one-off activity based goals, or goals that were reflective of daily tasks, such as adding Irish music to a music player for a resident. This was an area that the person in charge was working on improving at the time of the inspection, with the most recent reviews of residents' plan being expanded upon.

There was a multidisciplinary team available to residents and a system of team meetings to discuss residents' needs and supports. That being said, not all care and support plans had been created or reviewed with the input of a relevant professional to ensure they were effectively meeting residents' needs. For example, while plans were in place guiding practical advice in relation to supporting residents with behaviour that was challenging, these plans were written by the staff team, and there was a lack of input or review of the plans by a qualified professional. At the time of the inspection the role of clinical nurse specialist in managing behaviour was vacant. Staff were trained in managing and de-escalating aggression, but not all staff had not been provided a learning opportunity in positively supporting residents with behaviours that may be challenging. The inspector was informed that five of the 29 staff were scheduled to attend training in the second week of January 2019 using a new model of behaviour support, and to date six staff had already attended.

Residents were provided meals from a central kitchen located on the campus, and

residents had choice in advance of meal times around what they wanted to eat. Due to the central kitchen providing meals, residents were not involved in preparing, shopping for or cooking their meals. Food supplies were requested through a stores system on campus so residents were not being provided with the routine opportunity to engage with the community to purchase groceries in local stores or supermarkets.

Overall, the inspector found that improvements had been made in the governance and management of the centre, and in some areas that had previously been found as not compliant in past reports. Similarly, previous improvements noted in October 2017 had been sustained and residents appeared content and were safe living in the centre. However, further improvements were required to ensure residents' social and personal needs were met and residents were provided with opportunities and experiences to support them to make informed choices.

Regulation 13: General welfare and development

Improvements were required in relation to supporting residents to develop links with the wider community and offer new opportunities and experiences for engagement. Similarly, while some residents had access to on-site day services improvements were required to ensure that all residents had access to meaningful occupation and recreation during the day.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Due to the centralised kitchen and grocery supplies, residents were not being given the opportunity to buy, prepare and cook their own meals.

Residents were seen to be supported at mealtimes in line with their individual needs, had choice around what they wished to eat and meals were properly and safely prepared.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' health, social and personal needs. However, these needed improving to ensure all needs were effectively planned for and met. While plans were being audited regularly, these

audits did not include ensuring care plans had been effective and goals had been achieved.

There was a multidisciplinary team (MDT) available to provide input on residents' needs and supports. However, not all care and support plans were being reviewed by the MDT team.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Staff had a good knowledge of the residents that they supported, and their individual needs. However, not all staff had not been provided with training or knowledge in positive behaviour support. Residents' had written behaviour support plans in place, which were practical and appeared to be effective.

Staff had received training in de-escalation techniques and how to respond to potential or real aggression.

The person in charge was promoting a restraint free environment, and any restrictive practice was well monitored and reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

There were clear reporting processes in place for any suspicion, allegation or concern of abuse and any incident of a safeguarding nature had been reported and escalated in line with national policy. Safeguarding plans were being followed and residents were being supported in line with their plans. Residents had access to a social worker, if required along with psychiatry and psychology.

Some residents had received training in areas such as relationships and boundaries.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre A1 OSV-0005386

Inspection ID: MON-0025059

Date of inspection: 28/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation: 23(1)(a) <ol style="list-style-type: none"> 1. Person in Charge will ensure to update the Statement of Purpose to reflect the staffing arrangement. 2. Recruitment of CNM1 to support Person In-charge. 3. Monthly review and analysis of Incidents will be completed. 4. Residents have access to transport to promote off campus activities by using Bus, Public transport, and occasional Taxi. Regulation: 23(2)(c) <ol style="list-style-type: none"> 1. Annual Review to be completed. 	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Regulation: 13(2b)	

1. Person In-charge to ensure that MDT reviews the interest and goals, explore new opportunities, and experience for service users.

2. Relevant MDT to support the service users and the staff members, to pursue their interest and goals.

Regulation: 13(2c)

1. The Person-In Charge and the MDT will support the service users to engage in community activities and recreation.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Regulation: 18(1)(a)

1. Explore opportunities with Resident for meal preparations.

2. To engage residents in all aspects of meal preparation including purchase of food items from local shops as per their interest.

3. Staff to be trained on how best to support residents maintain autonomy in meal preparation at unit level.

4. To provide educational sessions to the Resident for improving skills in meal preparation and build their capacity.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Regulation: 05(1)(b)

1. Person In-Charge will ensure that the audit reports are effective and the goals are achieved.

Regulation: 05(6)(c)

2. All Care plans and Positive behaviour support plans will be reviewed by the MDT at least twice yearly.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Regulation 07(1)

1. All positive behavior support plans will be discussed with the staff and they will be coached in their implementation.
2. The PIC will support staff in using the skills gained at training when working with the residents.
3. The recruitment of the CNS in behaviour will support staff to implement Positive Behaviour support plans, and coach them in the management of behaviours of concern.
4. Studio 3 training will be continued to be rolled across the centre

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/12/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/12/2019
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy,	Substantially Compliant	Yellow	31/12/2019

	prepare and cook their own meals if they so wish.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	11/02/2019
Regulation 05(1)(b)	The person in charge shall 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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/05/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be	Substantially Compliant	Yellow	31/03/2019

	multidisciplinary.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2019