



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

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Neurological Disability Service
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	12 December 2022
Centre ID:	OSV-0003505
Fieldwork ID:	MON-0029349

About the designated centre

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

The aim of Peamount Healthcare's Neurological Disability service is to promote the long term physical and psychological wellbeing of all residents through consultation, co-operation, collaboration and communication with them, their families or advocate and healthcare staff. The centre provides continuing care services for up to 19 residents, who have prolonged disorders of consciousness, complex medical needs associated with a neurological disability and require 24 hour nursing support. The centre is based in a large campus setting, situated in a rural area of County Dublin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 (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
Monday 12 December 2022	10:45hrs to 18:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet and speak with the residents, their families and their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures as part of the evidence indicating their experiences living in Peamount Healthcare Neurological Disability Service, known to the residents, families and staff as St. Bríd's.

As this inspection was announced ahead of time, residents were advised what would be happening and were introduced to the inspector. Family members advocating for the residents were also notified of the inspection and had communicated their experiences with the service through questionnaires which were provided for review. The inspector spoke with residents and their representatives during this inspection, as well as getting commentary and feedback through eleven people who responded to questionnaires issued when this inspection was announced.

Some residents had specific support needs which meant they did not communicate using speech. The inspector observed staff communicating with them in a patient and encouraging manner which was suitable for their communication profile. This included person-centred support, such as staff talking people through their mobility support, as well as more casual interactions, for example one of the housekeeping team was observed chatting to a resident who did not speak as they tidied up their bedroom. In the main, the inspector observed a comfortable and homely atmosphere in the centre in light of the more clinical model of resident care. However, some residents commented that the centre could get very noisy at busy times, and some instances were observed during the inspection of staff calling to each other down bedroom corridors which somewhat impacted on the homely setting.

Residents were supported in a ground-level premises on a campus setting. Residents were supported to decorate and personalise their living spaces with photographs, posters, records, artwork and personal items. The house was clean, well-maintained, and decorated for Christmas.

The inspector observed some of the mealtime in the centre. Residents were provided with specialised plates, bowls and cutlery which allowed them to eat and drink independently. For residents who required direct support staff, this was observed to be patient and delivered with dignity. Evidence was observed of communication to and from the catering team to ensure they had the most up-to-date information on meal preferences and dietary requirements, but they also spoke with the residents directly to get immediate feedback on meals and work together to ensure it was to their liking. While the main meals were delivered in a hot trolley from a central kitchen, the pantry of the centre was well-stocked with soups, cereal, fruit, drinks, sandwich ingredients and snacks for ready access during the day and

night. Some residents had their own mini-fridge in their bedroom.

The residents and family members spoke highly of the staff team and the person in charge. The centre had designated staff responsible for ensuring residents were engaged in interesting and varied activities in the centre and out in the community. Residents were supported to go shopping, go to the pub, for hair appointments or visit family members. The service had use of accessible vehicles to facilitate this. The provider often liaised with another service to support residents and families to stay together in accommodation which was appropriate to their mobility needs. This had allowed some residents to have social gatherings such as birthday parties outside of the designated centre.

The residents and families commented that they had a good relationship with the staff team and that "if you need something, all you have to do is ask". Some residents commented that staff were quite busy during the day which resulted in some rush during personal care and meals, and less time to just sit and talk with the residents alone or as a group. While community restrictions implemented due to the pandemic has reduced, some residents wanted to get off the campus grounds more regularly. Residents told the inspector in person and through the surveys that they disliked the frequency with which they were supported by staff who did not know them as well as the core team, and were less familiar with their support needs or communication styles.

Some people had made complaints through staff and felt listened to and encouraged to do so, confident that the matter would be addressed. Two of the residents were members of an advocacy group and showed the inspector examples how they had linked with the provider management as well as outside bodies to discuss matters which were meaningful to them and their fellow residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. In the main, the inspector found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement. However, some improvement was required in the continuity of staffing resources during times of staff leave or vacant posts.

The designated centre was registered until May 2023, and the provider had submitted their application with all required information to renew the centre for a further three years. The purpose of this inspection was to assess compliance with

the regulations and to inform the decision to renew the registration of the centre.

The provider had completed a comprehensive quality and safety review in the service in June 2022, as well as audits on specific aspects of the service, in which they had self-assessed their levels of regulatory compliance and areas in which standards could be improved. For areas identified for improvement in the centre, a time-bound plan of action was detailed to address same, and the inspector observed some of the actions which had been completed.

The inspector observed and was provided evidence of a good rapport between the staff team and the residents and families of the centre. There was a small number of vacancies in the staffing complement for which the provider was in the process of recruiting. However, in a review of recent weeks of shifts affected by these vacancies and by staff leave, the inspector found examples of where the contingency resources had not been effective in filling all shifts. Where shifts were filled by cover from nurses and health care assistants deployed from agencies, other centres, and the relief panel, the impact on continuity of care and support had not been mitigated. The inspector reviewed a sample of staffing rosters and found a number of gaps in the record of who had been working in the centre.

The provider maintained a good oversight of current and ongoing incidents and accidents in the centre to address patterns of concern. There was some discrepancy between the injury records in the designated centre and those which had been notified to the Chief Inspector.

The provider maintained a clear record of complaints raised in the centre and the inspector found evidence of a culture of inviting feedback and using matters raised by residents and families as opportunities to further enhance the service.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre within the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a good knowledge of the requirements of the regulations. They were suitably experienced and qualified for their role.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, the provider was short of a full complement of nursing staff by 1.0 WTE (whole time equivalent), and short on health care assistants by 0.5 WTE. The recruitment for these posts was actively in progress. In filling these gaps, the provider utilised a combination of a panel of relief personnel, staff deployed from agencies, and personnel relocated from multiple other services under this provider. This had had an impact on the continuity of support by familiar staff, and well as not being effective in ensuring shifts were filled.

The inspector reviewed a sample of three weeks of staff rosters. Outside of shifts worked by regular contracted nurses and health care assistants, one week had 13 shifts covered by eight different people; another had 11 shifts covered by nine different people. In addition to this, a number of shifts did not have any names to identify who was working in the centre. Some shift times listed were unclear, as the roster records switched back and forth between 12 and 24-hour clock.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had conducted six-monthly reports on the quality and safety of the service, most recently dated June 2022. Where deficits in the service or opportunities for development of standards were identified, a time-bound plan of action to address these was set out. These reports included commentary and feedback from some of the residents and their representatives.

The oversight and governance structures in the centre were sufficient to ensure that matters such as incident trends, safeguarding concerns, audit findings, timely health care appointments and ongoing delivery of staff training was kept under regular review.

Staff spoken to during the inspection told the inspector that they felt supported by their respective line managers in their roles and met regularly on a formal and informal basis.

Judgment: Compliant

Regulation 31: Notification of incidents

There were some gaps in the notification of incidents as required in quarterly

reports to the Chief Inspector when compared to incident records in the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had made the complaints procedure clear to residents and maintained a log of complaints received, action taken as a result, and the satisfaction status of the complainant when the outcome was communicated back to them.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service. Measures and practices to keep people safe, appropriately supported, and engaged in activities at home and in the community were appropriate for the number and assessed needs of the residents.

The premises was clean, well-maintained and nicely decorated, with suitable features and facilities to allow for safe assisted access and mobility. The premises was suitably equipped to detect, contain and extinguish fire, and allow for suitable protection and escape in an emergency.

Measures and risk controls were implemented to pre-empt or respond to accidents, incidents or safeguarding concerns. The provider demonstrated how adverse incidents were recorded and reviewed by the management and multidisciplinary team to identify patterns of concern. The provider had followed appropriate procedures in response to alleged or suspected instances of resident abuse. The provider promoted a restraint-free environment overall, with some minor areas in which the purpose of some restrictive practices, and the provider's assurance that all aspects of restraint were the least restrictive option, required clarity.

Residents were invited to attend house meetings and to be consulted on matters which were meaningful to them. Residents were supported to engage in fun and interesting recreational and social opportunities and retain links to their friends, families and wider communities. The inspector was shown some photographs and social stories of residents enjoying activities, events and parties. During the day the residents were observed coming and going from the house on drives, to meet family, or go to the local town. Staff demonstrated how they ensured residents were appropriately prepared, dressed and had all their required equipment to travel

safely, particular people with with higher medical or mobility support needs.

Regulation 11: Visits

Friends and family were facilitated to visit the designated centre without unnecessary restriction. There was space in which the residents could meet their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found evidence indicating that the provider and the local staff team were facilitating and encouraging residents to pursue routines and social and community activities outside of the centre in accordance with their wishes and assessed support needs.

Judgment: Compliant

Regulation 17: Premises

The centre premises was suitable in its size and layout for the number and assessed needs of residents. Residents with higher mobility requirements were supported with suitable equipment and accessibility features and facilities. The building was clean, well-ventilated and in a good state of maintenance.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a register of active risk in the centre, and set out actions and control measures to bring the hazards to an acceptable level of risk. Adverse incidents such as slips, trips, falls, bruises and medical injuries were trended and analysed regularly to identify any patterns of concern.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable infection control practices were observed in the management of sterile stock, waste, food, cleaning supplies and resident equipment. The provider had addressed issues raised in a previous infection control inspection, including repairing bathroom floors and revising storage of supplies and linens.

Judgment: Compliant

Regulation 28: Fire precautions

The building was equipped with fire safety features such as alarm systems, fire fighting equipment, and emergency lighting and signage which was subject to routine service and certification. All corridors were equipped with fire rated doors with self-closing mechanisms, smoke seals and magnetic devices to allow doors to be held open without compromising the containment of flame or smoke.

Staff participated in evacuation drills and the provider kept detailed records of procedures followed, areas in which staff performed well, and where learning could be taken for future reference. These drills included scenarios of times in which staff levels would be at their lowest to ensure a timely evacuation during times of higher risk.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, a low number of restrictive practices were implemented in the designated centre and they were kept under routine review. Some minor review was required in circumstances in which more than one type of restrictive practice was utilised, to ensure that the measures were separately reviewed for their continued necessity and to document less restrictive alternative measures trialled.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector reviewed a sample of investigation reports which demonstrated that

the provider investigated alleged or suspected incidents of resident abuse, gathered relevant evidence and made referral to the designated officer and An Garda Síochána in a timely fashion.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples of respectful and person-centred interactions, respect for residents' dignity and privacy, and means by which the service provider gathered feedback and commentary from residents to ensure their voices were heard in the operation of the centre and decisions made about their support. Two of the residents were part of an advocacy group representing their peers in matters which were meaningful and important to them.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peamount Healthcare Neurological Disability Service OSV-0003505

Inspection ID: MON-0029349

Date of inspection: 12/12/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment into the vacant posts is actively underway. The shifts where possible are filled by Peamount relief staff who have previous experience working on the unit and are familiar with the residents and staff. The PIC and the ADONID will review the rosters to ensure that the staff members name is clearly identified on all shifts. The 24-hour clock will be consistently used to clearly outline the time of each shift.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure that all notifications are submitted within the necessary timeframe and in the absence of the PIC the PPIM will ensure that notifications are made.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: An MDT review of restraints where more than one type of restraint is used in the centre</p>	

will be completed and explore the possibility of alternative measures, this will be documented in the residents notes and on the restraint register. This will be completed with the support of the CNS in Behaviour Support.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/02/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	31/01/2023

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/01/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/03/2023