



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Older Persons Service
Name of provider:	Peamount Healthcare
Address of centre:	Newcastle, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 June 2021
Centre ID:	OSV-0007786
Fieldwork ID:	MON-0033175

About the designated centre

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

Peamount Healthcare (Older Persons Services) is an independent voluntary organisation which can accommodate 50 residents, both male and female over the age of 65. Residents are accommodated in 42 single rooms and 4 double rooms. Each bedroom has direct access to the garden, and there is dining rooms, sitting rooms and quiet rooms available to residents.

The centre is located in Newcastle, Co. Dublin. Residents are admitted under the care of a consultant geriatrician, and have 24-hour access to a member of the on-site medical team. Continuing care services are provided to residents with a range of needs, including cognitive impairment, dementia, stroke, physical disabilities and palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Wednesday 2 June 2021	08:50hrs to 17:50hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Overall, inspectors observed a relaxed and happy environment. Throughout the inspection day there was a calm atmosphere felt.

When the inspector and visitors arrived at the centre they were guided through the infection prevention and control measures necessary on entering the designated centre.

The centre is located on Peamount Healthcare's campus where a variety of other services are also located. It was newly built and opened in March 2020 and consists of a large building set over one floor where all bedrooms have access to external garden space and there are two enclosed internal courtyards. These were well kept and easily accessible to residents. Seating and tables were available for resident use. The person in charge informed the inspector that additional garden furniture had been requested to improve the use of the courtyards for residents.

Bedrooms were spacious with sufficient storage space for residents' possessions and a secure locked space available in each room. Resident rooms were seen to be bright, spacious and personalised. An interior designer was due to attend the centre to enhance a more homely decoration in the centre, in consultation with residents. Most bedrooms were single rooms with their own en-suite. There were four shared rooms which were also en suite, with shelving units for the storage of personal hygiene products. Improvement was required to make viewing of televisions more accessible to residents in these rooms.

While the sitting, dining and break out areas were seen to be used, a multipurpose activity room had been changed into a physiotherapy gym, this resulted in a reduction in the available communal space for resident use.

Resident who spoke with the inspectors said that they were happy with the care they got and saw the doctor when they needed to. They said that staff were nice to them and helped them when they asked for it. This was borne out in interaction seen by the inspector, where staff engaged in conversations meaningful to the residents. It showed that staff knew residents well and their needs and preferences were catered for. Communication between staff and residents was seen to be respectful and dignified. When assistance at meal times was viewed it was seen to be given in a discrete manner.

Residents said they were delighted to be able to receive visitors in the centre and out in the gardens, and this has made a big difference to their lives and they were much happier. They also enjoyed being able to go out into the community again to go shopping or get their hair done.

Residents said they could choose how they spent their day. There was a varied activity program on offer which included, bingo, newspapers, movies, singing, exercise classes, dancing and baking. They had the use of the health and well-being hub on the campus and an area where they could interact with animals. Residents were observed using the signposted walking pathways around the campus.

Family and visitors who spoke with the inspector said that they were kept informed of any changes to their loved ones condition and any changes in the centre such as visiting. They said that the medical care was very good and staff were respectful of resident wishes and preferences. For example they could choose when to get up or return to their bed and what and where they preferred to eat.

While meals were seen to be well presented, staff were observed walking through one dining space carrying food trays to other parts of the centre as residents were having their meal. This impacted negatively on the dining experience for residents due to the number of staff that were passing their tables while they were eating. Residents said they enjoyed the food offered and had plenty of choice.

The inspector spoke with staff who confirmed they were aware of the safeguarding, fire safety and complaints procedure. Residents who spoke with inspectors said that if they have any concerns or complaint that they had were dealt with quickly and they felt comfortable highlighting issues to staff members.

Regular communication was sent to staff from the Chief Executive Officer (CEO) of Peamount Healthcare, who provided COVID-19 updates, support to staff and information regarding Peamounts 'Resilience and Recovery Plan'.

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 the quality and safety of the service being delivered.

Capacity and capability

The centre was well managed by an established management team who were focused on improving resident's wellbeing. There were effective management structures in place that ensured care was provided in a safe and sustainable way.

The centre is part of Peamount Healthcare group, and had its own internal governance structures, as well as clearly defined links and relationships with the managers of the Peamount Healthcare group. Peamount Healthcare is governed by a voluntary Board of Directors. The Chief Executive Officer (CEO) and Management team are responsible for the operational management of the designated centre.

The person in charge was new to the position and was suitably qualified to carry out their role. They reported to the CEO, director of nursing and the assistant director of nursing. They were supported by this team who were readily available to them. Staff

were supervised in their roles by the person in charge and four nurse managers, who provided oversight of care and support staff in their work. The household manager provided supervision to catering and household staff.

The governance oversight and communication systems in the centre included daily handover meetings and staff meetings. In addition, there were various management meetings and committees, which met regularly, where clinical and non-clinical data were reviewed to monitor the quality and safety of care. For example, heads of department, infection prevention and control, quality and safety committees and staff meetings. At multidisciplinary care team meetings residents care needs were reviewed in consultation with residents and family, if appropriate.

Records seen showed that there was weekly communication from the CEO to staff giving them updates on activity on the campus and plans for the future recovery from the COVID-19 pandemic.

To ensure a competent workforce, there was a system of professional development in place for staff. Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development programs. Staff had access to a wide variety of training including responsive behaviours and medication management. All nursing staff were trained to take swabs for the detection of COVID-19 infection.

Staff were knowledgeable regarding the needs and preferences of residents. Staff who spoke with the inspector reported that they felt supported in their role and were clear about the standards that were expected of them in their work. However, there were gaps in the safe storage of medication observed by the inspector which required immediate review.

The provider had an appropriate number and skill mix of staff in the designated centre to support the residents' assessed health and social care needs. Nursing staff were available at all times of the day and night. Worked rosters for the designated centre accurately reflected the personnel on duty.

The annual review was completed in consultation with residents and families. Responses showed that residents were generally happy with the services provided and satisfaction levels with regard to group activities rated lower, such as baking. This had been partially due to a vacant activity staff position which has been filled and restrictions due to COVID-19. Areas for further development such as additional fittings in bedrooms were on a schedule for improvement. Another satisfaction survey was underway at the time of inspection.

The complaints policy was on display in the centre and complaints were seen to be managed in line with the centres own policy and were promptly responded to. However, two complaints seen did not record the follow up action such as reimbursement for lost property. These records were completed on the inspection day.

Regulation 14: Persons in charge

The person in charge is an experienced nurse who has worked in senior roles in settings for older people for many years. They had a management qualification and attended training on varied topics to support them in her role. They were suitably qualified to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the assessed health and social care needs of existing residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were knowledgeable and skilled for example in safeguarding, fire safety, infection prevention and control and safe moving and handling of residents. Staff were appropriately supervised and appraised.

Judgment: Compliant

Regulation 23: Governance and management

An established and effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Monitoring systems in place ensured that care delivery was safe and effective through the ongoing audit and monitoring of performance.

The annual review was done in consultation with residents and families and was undergoing final review before becoming available to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed at various locations within the centre.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that immediate improvements were required in the fire precautions, premises and safe medication management.

Consultant lead multidisciplinary team meetings took place fortnightly on each unit and each residents' care needs were reviewed at least every four months or if changes in a resident's condition indicated. There was medical care available to the residents twenty four hours a day.

Detailed pre-admission assessments were seen in records and care plans were developed soon after admission. They were person centred which had a positive impact for the health and social care requirements for residents. Multidisciplinary team baseline assessments were undertaken on admission and referrals to appropriate allied health care professionals were coordinated by a clinical nurse manager as indicated by the needs of each resident.

Staff were also supported by the practice development facilitator, advanced nurse practitioner for older persons and a number of clinical nurse specialists were available to provide support in the areas of gerontology, infection control, respiratory & tissue viability. The national health screening programme was available to those residents who were eligible.

The centre was first registered in March 2020 and interior design had been delayed due to COVID-19 restrictions. Records showed that an interior designer was due to attend the centre to make the centre more homely. It was planned that this would be done in consultation with the residents. Bedrooms were seen to be decorated

with resident personal possessions.

Fire safety systems were in place to ensure the environment was safe for residents, visitors and staff. Regular servicing of the alarm system and safety equipment was maintained. Fire safety training was provided and frequent fire alarm drills and checks were completed. There was no fire plan in one unit and no assembly point identified on another floor plan to guide people, should the centre need to be evacuated in the event of a fire. This was addressed on the inspection day. Improvement was required to ensure the safe use of two fire doors seen. For example two doors were held open by wedges or a chair.

The inspector saw that residents were supported to keep in contact with family by social media, telephone and arranged visits in the centre and grounds of the centre. Visitors were seen to be monitored for signs of COVID-19 before they could enter the building.

There was a good range of social care activity scheduled for the mornings, afternoons and evenings. The inspectors saw that a range of activity materials were available and that staff took time to prompt and engage residents in activities that met their needs. The activation care plans were detailed and updated regularly as resident abilities or preferences changed.

Resident rights were respected and they were able to make a variety of choices about their lives within the designated centre. They had a good choice of well-presented food and snacks seen throughout the day. Residents were supported to exercise their civil, political and religious rights. An advocacy service was advertised in the centre and was available to residents on referral.

The inspector found that the issues raised were being investigated in line with the centre's own policies on preventing elder abuse and responding to allegations of abuse. Restraints were reviewed frequently in consultation with residents and family, if appropriate, and only used in accordance with the national policy as published by the Department of Health.

Infection prevention and control approaches had been implemented to effectively manage and control a potential outbreak in the centre. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- Ample supplies of personal protective equipment (PPE) available.
- Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of the centre. A seasonal influenza and COVID-19 vaccination program had taken place with vaccines available to both residents and staff.

The centre was clean and well maintained. However improvements were required which impacted on resident rights and safety such as;

- no calls bells in strategic points such as the quiet rooms. The person in

charge had identified that call bells were also required in staff rooms.

- Viewing of TVs in shared bedrooms were restricted where TV access, should residents be in their bed, could only be seen by one resident at a time.
- The multipurpose activity room was seen to be used as a physiotherapy gym where there was restricted access for residents to use this communal space.

Regulation 11: Visits

Infection prevention and control measures were in place which allowed residents to receive visitors in a safe manner. The inspector saw that the person in charge ensured that the up to date guidance from the Health Protection Surveillance Centre was being followed and was communicated to residents and families. There was sufficient space for residents to meet visitors in private within the designated centre.

Judgment: Compliant

Regulation 17: Premises

Improvement was required with regard to the following areas which impacted the quality and safety for residents:

- In shared rooms there was one TV available for residents. Should they wish to watch TV in bed, only one resident could view it at any one time.
- There were no call bells in quite rooms. The provider assured the inspector that this would be addressed.
- The multipurpose activity room, which was registered to be a space available for residents to participate in activities was seen to be used as a physiotherapy gym on the day of inspection. This impacted on the residents right to adequate communal space for social, cultural and religious activities appropriate to their circumstances.

Judgment: Not compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available in the centre.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the national standards for the prevention and control of health care associated infections were being implemented by staff. The staff and household team ensured the centre was well presented and clean throughout.

Judgment: Compliant

Regulation 28: Fire precautions

Improvement was required to ensure that the two fire doors in Meadow View, which were held open by a chair and wedges, had the appropriate fire stays installed to ensure that in the event of an emergency evacuation that these doors would automatically close. The provider had completed a risk assessment on the day of inspection to manage this risk, until the doors were upgraded to meet the required standards.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Immediate improvement was required which could impact the safety of residents such as;

- On two occasions during inspection a drug trolley was left unlocked and unattended in the corridor.
- Medication was being given from a tray on a trolley located on a corridor which not secure. Medication is required to be stored securely at the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans were

being implemented and reviewed accordingly.

Judgment: Compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The documentation and care plans seen were detailed, person centered and guided care safely.

The centre's management was actively promoting a restraint free environment. There was a low level of chemical restraint in use in the centre. Residents had free access to the outdoor gardens. Restraint was seen to be used in alignment with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents and these included regular training sessions for staff and policies and procedures to guide and inform their practice.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that staff understood and respected residents' rights to make their own decisions and live in a way that suited 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peamount Healthcare Older Persons Service OSV-0007786

Inspection ID: MON-0033175

Date of inspection: 02/06/2021

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 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 Standards for Residential Care Settings for Older People in Ireland.

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1.For shared rooms individual TVs in accordance with residents wishes will be installed. Expected date for completion 31/8/2021.</p> <p>2.Emergency call bell system for quiet rooms ordered, awaiting delivery and installation. Expected date for completion 31/08/2021.</p> <p>3.Multipurpose activity room for residents to participate in activities. Completed 6/7/2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Two doors in Meadow View identified as needing fire hold open devices.</p> <p>Completed on 16/06/2021</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

1. Medication trolleys to be kept locked when not attended. All staff aware of the importance of keeping the drug trolleys locked when unattended to ensure safety.

3. All residents' regular medications are stored in individual cabinets in their rooms. Trolleys were in use to dispense PRN medications and Oral nutritional supplements to residents. Dispensing practice of PRN medications and nutritional supplements reviewed.

Action taken:

- All PRN medications are locked in each resident's medicine cabinet in their rooms.
- Oral nutritional supplements are stored in the fridge in the treatment Room.
- Medication administration procedure has been reviewed and to comply with Regulation 29: Medicines and pharmaceutical services: Medication trolleys are to be removed to eliminate the risk of leaving it unlocked / unattended, and to make the administration of Medication more person Centered. Medication trolleys will be removed by 28/7/2021.
- Staff education is ongoing to comply with new medication administration practice.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	16/06/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the	Substantially Compliant	Yellow	28/07/2021

	centre.			
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