



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

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare B2
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0005765
Fieldwork ID:	MON-0030096

About the designated centre

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

The designated centre is located on a large campus in West County Dublin and is made up of three individual units. Residential care and support services are provided by the centre for up to 15 persons with disabilities. The three units are of similar layout and have an entrance hallway, large living and dining room, a kitchen area, a main shower room with toilet, a separate toilet, resident bedrooms, and in two of the units there are relaxation or quiet rooms. There is a staff team of nurses and carers employed in the centre along with a clinical nurse manager and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

14

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
Wednesday 12 May 2021	09:50hrs to 17:10hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, this was a well managed centre which demonstrated significant improvements in the time since the last inspection was completed. The inspector found that there had been a change in the manner in which services were delivered in the centre from an institutionalised to a person-centred and social care based approach. There was evidence available to the inspector to demonstrate that residents had an improved quality of life overall and were much happier with the service they were in receipt of.

The inspector visited only one of the three units of the centre due to COVID-19 precautions and during this time met with two residents and spent time chatting with them. The residents were watching a comedy film on television and were laughing and joking with the staff team and appeared to be enjoying themselves. They told the inspector that they felt safe living in the centre and that the staff team were very supportive and kind with them. Both residents told the inspector that they liked living in the centre and knew the staff team well. They told the inspector some stories about their lives and shared some photographs of when they were younger. One of the residents told the inspector about some renovations which had been made to the unit and how they had proposed installing a fire place in the living room to make it a more homely environment. The registered provider supported this proposal and the resident, with the support of the staff team, painted a fire place which was sourced and was installed. The resident and the staff team were very proud of this initiative and the resident told the inspector how it reminded them of being at home.

There was a relaxed atmosphere in the centre at the time of the inspection and the inspector observed a staff member preparing an evening meal for the residents. The staff team explained that they were now preparing some meals in the individual units of the centre and were less reliant on centralised kitchens for supplying meals to residents. They reported that residents really enjoyed this change and had increased appetites and could ask for specific preferences with ease.

In addition to meeting and speaking with residents, the inspector received 13 completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. Many residents commented on the importance of having regular staff support them with some stating "sometimes I don't like to do things with unfamiliar staff, I like to have staff I know" and "I don't like it when the staff are not familiar to me". Another resident stated "I would like to have regular staff". Other residents said "the staff are wonderful and we're pleased to have them" and "I like most of the staff". Another theme emerging from the feedback received from residents

related to the range of activities available. Some residents expressed that they would like more opportunities to engage in activities outside of the centre and stated that they would like more day trips.

The unit visited by the inspector was warm, homely and well maintained. It was clean throughout and provided for a comfortable living environment for residents. There were two toilets and one shower in each of the three units and every resident had their own bedroom. The centre was decorated in line with the wishes and preferences of residents and bedrooms contained appropriate storage facilities. Individual safes had recently been installed in the bedrooms in one unit for additional security. The centre was fully accessible for residents with reduced mobility and the exterior of the premises were well maintained and decorated with flowering and planting recently added which was to the residents' liking.

There was evidence available to demonstrate that residents were enjoying an improved quality of life through the supports they received in this centre. Residents and staff reported that there were increased opportunities for engaging in meaningful activities and this, along with the shift towards a person-centred approach for the provision of services, resulted in improved outcomes for residents. For example, a resident had recently retired from a part-time maintenance support role and the staff team had arranged the instillation of a shed next to the centre with lighting, tools and a radio so that the resident could ensure that they had a meaningful role after they retired. Some residents told the inspector that they were frustrated with the ongoing COVID-19 related public health guidelines and associated restrictions. In the resident questionnaire responses, one resident stated "I can't wait for COVID to be over". It was clear to the inspector, however, that the staff team had explained the reason for the restrictions and the need for infection prevention and control measures such as regular hand washing.

Some of the residents who were living in this centre presented with behaviours of concern and complex support needs. The inspector reviewed the manner in which these residents were supported by the registered provider and found that there was a need for a comprehensive response from the allied health professional team. While there was minimal use of restrictive practices in the centre, the inspector found that there was an absence of comprehensive behaviour support plans or multi-element plans to support some residents with behaviours that were very complex in nature. The absence of such support plans resulted in a lack of clear direction for staff members who relied on local information and their own working knowledge to respond to the needs of the residents they were supporting. This approach was found not to be effective and demonstrated that there systems in place to ensure the monitoring of the approach to behavioural support were not satisfactory.

The inspector met with a number of members of the staff team during the course of the inspection. They told the inspector that the standards of care and support being provided to residents had significantly improved over the past number of years and reported that the improved allocation of staff in each unit on a daily basis had a positive impact on the resident group. The inspector observed that the staff team were respectful in their interactions with residents and treated them in a kind and

patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. It was clear to the inspector that the staff team knew the needs of the residents well including their preferences and communication methods. The residents were observed to be very comfortable in the company of the staff members on duty and communicated with them with ease. The inspector found that the number of staff members deployed to work in the centre had increased in the time since the last inspection and this had allowed staff to engage in meaningful activities with residents and to facilitate initiatives such as cooking and baking locally in each unit.

While overall, the findings of this inspection were positive, the inspector found that there were some areas which required additional improvements. These, as previously outlined, included the manner in which residents were supported with their behavioural support needs, and also the manner in which hazards and risks were identified at centre level, and fire safety precautions.

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

Overall, the inspector found that there had been significant improvements in the manner in which the centre was managed and in the oversight of care and support being delivered to residents. The findings of the inspection were positive overall, however, there were some areas identified which required further improvements.

The inspector found that there was effective leadership in place through a local management team which had been strengthened in the time since the last inspection. The team was now made up of a person in charge and a clinical nurse manager who were met with during the course of the inspection. The inspector found that they both were very knowledgeable of the needs of the residents and the need for ongoing service improvement. They informed the inspector of the strengths and weaknesses of the centre and their plans to address areas requiring improvement which they had self-identified through their own audit and oversight systems. The person in charge and clinical nurse manager also informed the inspector of their ongoing work in the area of cultural change in the centre and the implementation of person-centred care and support systems.

A review of staffing arrangements found that the number and skill mix of the staff team employed in the centre was appropriate to meet the needs of residents who were being supported. The inspector found that there was good continuity of care and support which had positive outcomes for residents who had developed good relationships with the staff team. Residents were observed to receive assistance,

interventions and support in a respectful, timely and safe manner and staff members told the inspector that the increased levels of staffing in each of the centre's units had a positive impact on the care and support being provided.

There was a wide range of training completed by the staff team including courses described by the registered provider as being mandatory. These included fire training, fire equipment training, manual handling, hand hygiene, infection prevention and control, basic life support, safeguarding, behaviours of concern, children first, open disclosure and medication management. There were some additional non-mandatory training courses which had also been completed by the staff team which included the use of personal protective equipment (PPE), use of emergency epilepsy medication, person centred care and support training and introduction to social care training. The inspector found that there were effective arrangements in place for the supervision of the centre's staff team. For example, there was a presence of the person in charge or clinical nurse manager in the centre and a shift leader was identified during their absence. There were on-call arrangements for evening, night time and weekends and formal one-to-one supervision meetings were taking place with all staff members on a regular basis. In addition, team meetings were taking place on a monthly basis.

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There were actual and planned staff duty rosters maintained in the centre which contained all required information. There was evidence of improved continuity of care and support for residents which facilitated the formation of good relationships with residents and for the staff team to become very familiar with the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of the residents. There were effective arrangements in place for the supervision of the staff team through formal and informal systems. There were regular team meetings taking place and members of the staff team told the inspector that they felt supported in their roles.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that overall, there were good governance and management arrangements in place in the centre. Effective management systems had been developed and implemented which allowed for good oversight of the care and support being delivered to residents. There were clear management structures in place and there was a motivated person in charge and clinical nurse manager employed. There were annual reports and six monthly unannounced visits to the centre completed and the local management team were self-identifying areas that required improvement and development.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 12 May 2021) was reviewed by the inspector who found it contained all required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. While there had been a number of complaints made in the time since the last inspection, the inspector found that these had been appropriately investigated and followed up on in a timely manner. Complainants were informed of the outcomes of the investigations completed and there was a centre register of all complaints maintained. There were easy read procedures for making complaints on display and there was a feedback box located in a central location where individuals could post a

complaint or feedback for the attention of the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that residents who were availing of the services of the centre appeared to be in receipt of care and support which was safe, person-centred and safeguarded them from experiencing abuse. The standard of care and support had improved significantly in the time since the last inspection of the centre and there was evidence of a changing culture in the centre as a result. There was, however, a need for further improvement in the areas of behaviour support, fire safety and risk management.

The health and safety of residents, visitors and staff were promoted and protected in the centre, however, the inspector found that there was a need for the additional assessment of presenting risks and hazards particularly in the area of fire safety. There was a risk management policy in place and a risk register was maintained locally. There was regular trending of incidents, accident and near misses which had occurred in the centre and there was good follow up actions arising from these including individual support plans and referrals to allied health professionals if required. A sample of control measures reviewed by the inspector were found to be in place at the time of the inspection and both the person in charge and clinical nurse manager had good awareness of higher rated risks in the centre.

There were suitable precautions in place for the containment of fire in the centre. There were fire doors fitted along with self-closing devices where required. There was a fire alarm and detection system in place along with emergency lighting and these were found to be serviced on a regular basis as required. While there were personal emergency evacuations plans (PEEP) in place for each resident, the inspector found in some cases that the language used was ambiguous and did not provide clear direction for staff members. For example, in the case of one resident their PEEP document stated "...you never risk a life to save a life" and there was an absence of clarification on what this meant for this resident in the case of a fire or similar emergency. There were regular fire drills completed in the centre and records maintained demonstrated that the all staff and the majority of residents could evacuate the centre in a timely manner. However, in the case of one resident who refused to evacuate during fire drills there was an absence of appropriate response to ensure that this concern had been recognised, risk assessed or considered in a behavioural support context.

Regulation 17: Premises

The inspector found that the premises of the centre were appropriate in their design and layout to meet the needs of the residents being supported. The centre was homely, suitably decorated, warm, clean and in a good state of repair at the time of the inspection. The centre was fully accessible for residents with reduced mobility and there were adequate private and communal accommodation.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the centre's residents' guide (dated 12 May 2021) and found that it was up-to-date and included all information required as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

While there were good arrangements in place in the centre for the management of risk, the registered provider had not ensure that all presenting risks and hazards were identified and assessed. For example, concerns associated with a history of difficulties evacuating a resident from the centre during fire drills had not been identified as a risk and as a result there was an absence of clear control measures in place to manage this matter.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from healthcare associated infections by adopting procedures consistent with current public health guidelines. There was a local contingency plan in place and a COVID-19 folder was maintained in the centre containing up to date information and guidance for the staff team. Staff were observed to be wearing face masks and personal protective equipment in line with public health guidance and documentation maintained demonstrated increased cleaning on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that there was an absence of appropriate follow up actions to fire drills completed in the centre where there was difficulty evacuating at least one resident. There was no clear PEEP in place for some residents which communicated the supports required by staff members in the event of a fire or similar emergency. The inspector was not assured, in the absence of such plans, that some residents could be safely evacuated from the centre in an emergency situation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Suitable practices were in place for the ordering, receipt, storing, and administration of medicines. The inspector reviewed a sample of medication prescription and administration records along with storage facilities. All medication was found to be in date and administered as prescribed. PRN (as the need arises) medication prescriptions clearly outlined the criteria for administration and the maximum doses to be administered in a 24 hour period. There were capacity assessments completed for residents regarding the self-administration of medication and there were medication plans in place to explain the purpose of prescribed drugs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Despite some residents presenting with complex behavioural support needs, there was an absence of comprehensive and clear behaviour support guidance for the staff team. There was limited oversight of the behaviour support interventions being provided with the plans which were in place having been reviewed by one staff member in isolation and this review did not include an assessment of the effectiveness of the existing plans.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of the

residents availing of the services of the centre. While there were a number of allegations of incidents of a safeguarding nature in the time since the last inspection, the inspector found that these had been appropriately investigated and responded to in line with local and national safeguarding policies. The staff members spoken with were knowledgeable of the various types of abuse and the actions required if abuse was ever suspected, witnessed or reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in manner which overall respected the rights of the residents availing of its services. There had been significant improvements in the manner in which residents were supported to participate in decisions about their care and in the operation of the centre. There were weekly one-to-one meetings occurring between key workers and individual residents and monthly house meetings where issues such as maintenance requests, complaints, PEEPs, admissions and discharges, development of life skills, residents' rights, COVID-19 pandemic, infection prevention and control, and advocacy supports were discussed. There was evidence of a person-centred approaches to care and support being developed and one staff member told the inspector how the staff induction process had changed to include the vision for the centre, to listen to residents and to challenge the team to think in new ways. Another staff member explained the impact of these new approaches and stated "it has turned the units into homes now".

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peamount Healthcare B2 OSV-0005765

Inspection ID: MON-0030096

Date of inspection: 12/05/2021

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 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will update the risk register to ensure that all presenting risks and hazards are identified and assessed.</p> <p>This will include any difficulties that maybe encountered when evacuating residents from the Centre in the event of a fire.</p> <p>This will be reviewed by the PIC if there are any changes.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will ensure that the follow up actions to fire drills will be completed. All staff will be informed of any changes as a result of fire drills. The PEEP's will be updated to include a detailed person centered plan to support Residents safety in the event of a fire. This plan will include detailed communication including reassurance and encouragement and the reasons for the evacuation. This plan will be communicated to all staff.</p>	
Regulation 7: Positive behavioural support	Not Compliant

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

The PIC will ensure that the behavioural support plans are incorporated into an overarching multi element support plan. The CNS will co-ordinate the review of the support plan with the MDT. Referrals have been made to Gerontology Psychology and Psychiatry.

The accommodation needs of an individual resident has been reviewed and alternatives are being explored.

Staff will be educated on the importance of including all elements of behavior supports in all future plan, and the importance of a multi-disciplinary approach.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2021
Regulation 07(1)	The person in	Not Compliant		31/07/2021

	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.		Orange	
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