



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	20 October 2022
Centre ID:	OSV-0007786
Fieldwork ID:	MON-0038184

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 four double rooms. Each bedroom has direct access to the garden, and dining rooms, sitting rooms and quiet rooms are 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:	50
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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
Thursday 20 October 2022	08:50hrs to 15:50hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Peamount Healthcare was a nice place to live where a person-centred approach to care was promoted. The centre had a calm feel, and multiple residents told the inspector that they were happy with the care they received and had no complaints.

On arrival at the centre, the inspector was met by the Assistant Director of Nursing. The inspector was guided through the infection prevention and control measures in place. Following an introductory meeting, the inspector walked around the centre with the person in charge. There were confirmed resident cases of COVID-19 within the designated centre, who were being isolated in their bedrooms.

There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. The inspector observed some residents spending time in their bedrooms, other residents were walking around the centre, and a number of residents were seen spending their day in the communal day room. Residents had access to secure outdoor spaces on the ground floor. There was a designated smoking area which was adequate in size and well-ventilated.

The premises were spacious and well-maintained. There was some inappropriate storage of boxes observed on the floors, in the bathroom and in domestic rooms, which could result in cross-contamination.

Residents' bedrooms were clean and bright, and most were furnished with personal items such as photographs and ornaments. There was adequate storage in each room for clothing and personal belongings. Each resident had access to a lockable drawer to ensure the safe storage of valuable items. There was a television available for each resident in the twin-occupancy bedrooms.

The inspector observed that the food served in the centre was wholesome and served hot in the dining room or wherever the residents chose to take their meals. Residents were seen chatting and joking with other residents and staff. Residents were very complimentary of the food in the centre and stated that there was always a choice of meals and the quality of food was excellent.

The registered provider also sought feedback from residents and their families through surveys and resident meetings. These were reviewed by the inspector and were found to be responsive to the resident's comments, and positive actions were taken across all areas that were assessed. Residents also had access to an independent advocacy service if required.

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

Capacity and capability

Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended and to review the information submitted on the centre's application to renew their registration.

The provider of this centre is Peamount Healthcare, and a voluntary Board of Directors governs the centre. There is a clearly defined management structure in place, with clear lines of authority and accountability. The person in charge was supported in their role by the Chief Executive Officer (CEO), the Director of Nursing and the Assistant Director of Nursing. On an operational level, the person in charge was supported by clinical nurse managers, a team of registered nurses and healthcare assistants, activities staff, catering, housekeeping, clerical and maintenance staff.

The service was appropriately resourced. The inspector found that there was an adequate number and skill-mix of staff to meet the assessed needs of residents. Staff had good access to training and were up-to-date in their roles' training requirements. The inspector saw that the staff members were appropriately supervised and supported to perform their respective roles by the management team.

There were comprehensive systems in place to monitor the quality and safety of the service, and records showed that the auditing systems were objective and identified improvements. The schedule of audits ensured that the key-risks to residents, such as weight management, wounds, falls, and compliance with infection prevention and control practices, were monitored.

Records requested during the inspection were accurate, up-to-date and accessible. The inspector reviewed a sample of contracts for the provision of services, and some improvements were required to meet the criteria set out within Regulation 24.

There was an effective complaints procedure which was displayed in the centre, and staff and residents who spoke with the inspector were aware of how to make a complaint. The inspector reviewed complaints received since the previous inspection and saw that adequate records were maintained of the investigation, which included the satisfaction or otherwise of the complainant.

Regulation 15: Staffing

The inspector found that the number and skill-mix of staff were appropriate to meet the assessed needs of the 50 residents living in the centre in accordance with the size and layout of the centre. There was a minimum of one registered nurse on duty 24-hours a day in each unit.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff were up-to-date with the training required for their role, including training in safeguarding, fire precautions, infection prevention and control, and patient and manual handling.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed showed that they met the requirements of Schedules 2, 3 and 4 of the regulations. Retention periods were in line with the centres' policy, and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Governance systems were in place to ensure the service was safe, appropriate, consistent and effectively monitored. There was a defined management structure in place with clearly defined lines of authority and accountability. The annual quality and safety review for 2021 had been completed, and this review incorporated residents' and relatives' feedback regarding the care provided.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed four contracts of care which outlined details of the service to be provided and any additional fees to be paid. However, the contract did not

specify the bedroom number offered to the resident and the number of other occupants in the room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in line with regulatory requirements. The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed good quality of medical and nursing care. The inspector observed that residents were well supported by staff in an environment that made them feel safe.

The inspector reviewed a sample of residents' care plans to ensure that their health, social and personal needs were being met. Residents' health needs were under ongoing review by nursing staff, who responded to any identified changes in their condition. Where residents required further allied health and specialist expertise, this was facilitated through a system of referral. Care plans were revised at least every four months or more frequently as required.

The inspector observed that staff adhered to guidance in relation to hand hygiene and in wearing personal protective equipment (PPE) in line with the national guidelines. While there was generally good oversight and management of infection control practices in the centre on this inspection, some improvements in the staff practices were required as outlined under Regulation 27.

The fire safety management folder was examined. Staff were trained in the fire safety procedures, including the safe evacuation of residents in the event of a fire. The provider had completed regular fire evacuation drills to ensure residents could be evacuated in a safe and timely manner.

The inspector observed that residents enjoyed a good quality of life in the centre and had access to and participated in a variety of meaningful and interesting social activities. There was a schedule of activities in place, which was facilitated by an activities coordinator and care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to televisions, telephones and newspapers and were supported to practice their religion.

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant.

- Boxes of supplies were inappropriately stored on storage room floors and bathroom floors, which meant that the floors could not be cleaned appropriately.
- The domestic room was very unclean, with part of the cleaning equipment lying on the floor. The splash back around the sink was stained, with wall paint peeling off around the taps. This meant that the area could not be cleaned properly.
- Bottles of disinfectant liquid were observed without a preparation date. As a result it was not clear if the disinfectant remained effective.
- The sinks in both domestic rooms were observed to be unclean and stained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate arrangements had been made for maintaining and servicing of all fire equipment, including the centre's fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily and quarterly servicing records were up-to-date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a comprehensive assessment and care plan developed for residents that was resident specific and guided staff practice. There was evidence of ongoing discussion and consultation with residents and their families. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) who visited the centre twice weekly. Residents were reviewed by a consultant psychiatrist as required. Documentation of medical reviews of residents by different social and healthcare professionals was seen on the day of inspection. There was evidence that recommendations made were followed, having a positive impact on resident outcomes.

Judgment: Compliant

Regulation 8: Protection

An up-to-date safeguarding policy was available in the centre. All staff were facilitated to attend training on safeguarding residents from abuse. Staff were knowledgeable regarding their role to report any suspicions, concerns or allegations of abuse immediately to ensure residents' safety.

The provider was a pension agent for seven residents. There were robust systems in place for managing and protecting residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the designated centre, and their privacy and dignity were respected. Residents had several opportunities to participate in activities in accordance with their interests and capabilities. The inspector observed residents moving freely in and out of the centre and around the well-maintained grounds.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peamount Healthcare Older Persons Service OSV-0007786

Inspection ID: MON-0038184

Date of inspection: 20/10/2022

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 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contracts of care have been updated to reflect the bedroom number offered to the resident and if the room is a double or single occupancy.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • All boxes and items stored on the domestic room floor have been removed, staff have been educated and informed of the correct storage of items. • The storage of cleaning equipment has been reviewed and staff educated on the correct storage of equipment. • Bottles of disinfectant have been labeled with the preparation date with staff educated and reminded of the correct storage and preparation. • Cleaning schedules are in place on the units these are now cross checked by the Clinical Nurse Managers daily. • A maintenance request has been submitted to install a splash back around the sink and paint the areas surrounding the taps. 	

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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	27/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	28/02/2023

	infections published by the Authority are implemented by staff.			
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