Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Centre name:	Centre B1
Centre ID:	OSV-0005389
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Suzanne Corcoran
Lead inspector:	Anna Doyle
Support inspector(s):	Caroline Vahey
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 December 2016 09:30	06 December 2016 19:30
07 December 2016 09:40	07 December 2016 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection.

This was the first inspection of this designated centre. This centre had originally been part of a larger centre. However, due to a reconfiguration of the larger centre the provider had submitted an application to register this as a standalone centre. The larger centre had been inspected by HIQA in 2014. However, the action plan from this was not reviewed as part of this inspection as the actions related to a number of other centre's and were not all relevant to this centre. The purpose of this inspection was to inform a registration decision.

As part of the application to register the centre, the provider was required to submit relevant documents. All documents had been submitted. However, the floor plans were not clear and the insurance cert submitted required clarity.

Description of the Service.
This centre is operated by Peamount Healthcare and is situated on a campus based setting in County Dublin. It comprises of five units and provides care to both male and female residents with intellectual disabilities who require additional supports in areas such as: mobility, behaviours that challenge, and medical needs. Nursing supports are available on a twenty four hour basis.

How we gathered evidence.
Over the course of this inspection, inspectors met all of the residents living in the centre, except one. Five residents met with the inspectors, some of whom went through aspects of their support plans with inspectors. Others spoke about their views on living in the centre. Some of the residents were unable to express their views on the quality of services in the centre but inspectors observed mealtimes, reviewed personal plans and observed interactions between staff and residents.
The person in charge was available throughout the inspection. A clinic nurse manager two who supported the person in charge was also present throughout the inspection. In addition, staff were met and documents were reviewed including risk assessments, staff rosters and financial records. Two questionnaires were completed by residents and two family questionnaires were received. The findings from the questionnaires are outlined in the report.

Overall judgment of our findings.
Inspectors found that staff treated residents with dignity and respect. Residents spoken with said that they were happy living in the centre. However, significant failings were found in eight of the outcomes inspected against which would require significant improvements in order to meet the requirements of the regulations.

Major non compliances were found in seven of the 18 outcomes inspected against. These included Outcome 1, resident rights, Outcome 5, social care needs, Outcome 6 safe and suitable premises, Outcome 7, health and safety and risk management, Outcome 11, healthcare needs, Outcome 14 governance and management and Outcome 17, workforce.

Inspectors found that residents' social care and health care needs were not being met in the centre. This was impacted by inadequate staffing levels in the centre, which was also impacting on the provision of safe services for residents. The provider was contacted on the first and second day of the inspection around issues identified at the inspection regarding inadequate staffing levels in the centre and assurances were provided to inspectors that this issue would be addressed on both days.

There were inadequate arrangements in place around fire management systems in the centre and additional assurances were requested from the provider both on the second day of the inspection and subsequent to the inspection.

The governance and management of the centre did not ensure that the services provided met the identified needs of the residents in a safe and consistent manner. The quality and safety of care and support was not monitored on an on-going basis by the provider and the person in charge. While the person in charge was not involved in the operational management of the centre on an on-going and consistent basis due other responsibilities in the service, a clinical nurse manager supported them in their role. However, this person had no protected time in order to ensure effective governance of the centre.

Moderate non compliances were found under outcome 8 regarding behaviour support plans for residents and one restrictive practice in the centre. Four outcomes were found to be substantially complaint under outcome 2, 12, 13 and 18. Six of the outcomes were found to be compliant.

The action plan at the end of this report addresses the improvements required.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found that residents were consulted about how the centre was run and effective systems were in place regarding the management of complaints and resident's finances. However, issues were identified under finances regarding additional payments made by residents for services in the centre.

Inspectors found that some residents' finances were being used to pay for additional staff supports (personal assistants) from an external agency provider. These fees were substantial and inspectors were informed that these staff supported residents to achieve social care activities.

While inspectors found that the use of personal assistants had been discussed with residents or their representatives to establish whether they were happy with this service, inspectors were not satisfied that this was respecting residents rights in terms of equality as not all residents had to pay for this service.

In addition, inspectors were unable to determine whether this service was in addition to the provider's obligation to meet residents' needs, as a recent staff review commissioned by the provider found that staffing levels were not adequate in the centre in order to meet residents social care needs. Inspectors also found this a failing at this inspection.

Residents were consulted about the running of the centre. Residents meetings were held in the centre and the minutes were presented in a user friendly format. Topics discussed included planning activities for the month and actions agreed from these had been implemented.

The designated centre had a complaints policy and procedure in place. Residents spoken to were aware of whom to make a complaint to if the need arose. Staff members spoken to were aware of the complaints officer for the centre and family members said that they would know who to make a complaint to.

One family member said that complaints had been dealt with to a satisfactory level. Complaints and advocacy services were identified and displayed in a user friendly format in a prominent area of the designated centre. One resident spoke about a "speak up group" that they were a member of. This advocacy group met on a regular basis to discuss issues in the campus.

One resident met with, raised an issue with inspectors around a lock on their bedroom door, the clinical nurse manager addressed this immediately.

Inspectors reviewed the complaints log for the centre and found that there were two complaints logged, one of which had been dealt with and closed off and the other was still in progress. Inspectors found from a review of the complaints log that complaints were listened to and acted on. The log set out the satisfaction level of the complainant and the actions taken in response to the complaints.

There were policies and procedures in place for the management of residents' finances in the centre. This policy had been reviewed recently. Inspectors viewed a sample of financial records and found the designated centre had a system in place to record and safeguard residents' finances.

The clinic nurse manager checked residents' financial records on a weekly basis and there was also evidence that finance audits were completed by members of staff from the finance department. Inspectors did note that some receipts correlated with financial records were unclear and required considerable time to ensure that there was transparency. However, the nurse manager informed inspectors that a new system was being implemented that would address this.

Staff members were observed treating residents with dignity and respect throughout the inspection. There were signs on bedroom doors to ensure that people knocked before entering. Intimate care plans were in place. However, they were not detailed enough to guide practice. For example they stated that a resident may require full support with their personal care, but did not detail what the supports should include.

Judgment:
Non Compliant - Major

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found residents' communication needs were met however, improvement was required in providing internet access to residents.

Residents had access to television and radio however; internet access was not available in the centre for residents use.

There was a policy in place on communication with residents. Staff were aware of the different communication needs of residents and where required residents had been referred to a speech and language therapist. Residents' communication needs were set out in communication plans. Plans included the use of communication passports, accessible written information, picture timetables and guides to communicating effectively with individual residents, based on their assessed needs.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found that residents' were encouraged and supported to maintain positive relationships with their families and friends.

From a review of residents' personal plans, family questionnaires and inspectors meeting with residents' representatives, inspectors found that residents had regular contact with their family members. The feedback from families was very positive and they were very happy with the services provided in the centre.

Residents spoke to inspectors about visits home and family members felt that they were involved in residents' personal plans and their care.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found that the centre had an admission policy in place and each resident had a contract of care.

There was an admission policy in place in the centre however, it did not include the procedure in place for the temporary absence of residents.

Each resident had a contract of care that set out the services to be provided and the fees to be charged. This contract had recently been reviewed by the provider and inspectors saw records indicating that residents' representatives had been contacted to sign this contract on behalf of the resident where appropriate. This was still in progress at the time of the inspection.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found residents needs were not comprehensively assessed or met by the care and support provided. Improvements were required in social care and personal needs assessments and in the arrangements to meet social care needs and personal goals. While healthcare needs were assessed, the arrangements to meet these needs were not satisfactory and are addressed in Outcome 11.

Each resident had an assessment of their health care needs completed by a registered nurse. However, social care needs and personal needs were not comprehensively and consistently assessed by a relevant healthcare professional for some residents. Of the assessments which were complete, these were subject to an annual review, and there was evidence that a review by multidisciplinary team members had contributed to these assessments.

Suitable arrangements were not in place to meet the assessed social care needs of some residents. The inspectors reviewed activity records for two residents in one unit and found while their assessment outlined a range of activities including social activities outside the campus, there had been limited opportunities to leave the campus. Most of the activities recorded in a two to three month timeframe for these residents were walks on the campus and watching television. One of these residents had left the campus four times in a two month timeframe and one had left three times in a three month timeframe. In addition, a significant number of activities suggested in the assessment had not been facilitated. The inspectors spoke to two staff members in this unit, who outlined the staff resources required to facilitate external social activities were not available.

Some residents availed of day services on campus. The inspectors reviewed records of activities in one other unit and found residents availed of a range of activities both through day services and through social events facilitated by staff in the centre. For example, residents went shopping, out for meals, attended shows, cookery classes, knitting clubs and museums.

Health care plans and personal goals were developed for most assessed needs. Some healthcare plans were not developed; however, this is discussed in Outcome 11. Residents were involved in the development of personal goals, for example, visiting family abroad, developing coping and tolerance skills for social events, and developing interests in animals. However, on review of documentation and discussion with staff, the actions required to implement these goals were not consistently implemented as per the plan.

Plans had been developed into an accessible format for some residents.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found that the location and design of some of the units in the centre were suitable for their stated purpose. However, improvements were required in three of the units in the centre.

The centre comprises of five units. Two of the units visited by inspectors were found to be well maintained, clean and provided adequate space and storage for residents. However, three units although clean and decorated to an acceptable standard, required a number of improvements to ensure that they were well maintained and were suitable to meet residents' needs. These included:
- Some floor coverings required updating.
- One resident's bedroom was small and did not have adequate storage facilities.
- The door in one resident's bedroom was not wide enough to allow for easy access of a wheelchair and the use of a hoist.
- Paintwork in some areas required redecoration.

Each unit had a kitchen dining area with suitable equipment and furnishings. There were adequate toilet and bathing facilities in the centre.

Inspectors acknowledge that the provider has a plan in place to address these issues and works are due to commence in Spring 2017.

Assistive equipment was available throughout the centre for residents to promote independence. Records indicated that this equipment was maintained appropriately.

There were procedures in place for the disposal of general and clinical waste.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found that there were some risk management procedures in place in order to protect residents, staff and visitors to the centre. However, significant improvements were required in fire evacuation procedures in the centre.

There was an emergency response plan in place in the centre, that outlined the procedures to be followed in the event of a fire in the centre. This indicated that personnel would be deployed from other areas of the centre or campus in order to assist with the safe evacuation of residents. However, it was not clear who these personnel were and staff spoken with stated that if the fire alarm sounded that any staff from any centre on the campus were required to assist with the evacuation if they were available and this may involve leaving other residents unsupervised during this time.

In addition, inspectors noted on a fire drill in one area that a staff member from an adjacent unit had assisted with the evacuation of residents, which meant that the resident they were required to supervise was left unattended. This residents' personal evacuation plan stated that the resident should be supervised at all times after evacuating the centre as it was possible they may re enter the building.

Inspectors were not satisfied with this procedure given the assessed needs of residents and requested that a clear fire evacuation procedure was available to ensure that appropriate staff were redeployed to assist in a fire evacuation of the centre, should the need arise. The person in charge had amended this by the end of the inspection.

Personal evacuation plans were available for residents. However, the information contained in them was not consistent with residents assessed needs. For example, residents who had hearing impairments or required a mobility aid did not have this highlighted in the plan.

Fire drills had been completed in the centre. From the sample viewed it did not indicate who assisted with the fire evacuation. For example it stated that four staff attended to assist with the evacuation, however it did not state what location the staff came from and what supports were required once they arrived at the scene.

There were not adequate fire containment measures in place as there were no fire doors in four units in the centre. Inspectors acknowledge that this issue is being dealt with as part of a wider service issue and that there is a plan in place to address this.

Fire equipment fighting equipment was available in the centre and there were records indicating that they were maintained appropriately. However, inspectors found fire safety systems in place to alert staff in the event of a fire were not adequate in three units in the centre. Only two units in the centre had a fire panel to alert staff of the location of a fire. Inspectors were informed that the staff in one of the units where the fire panel was located, was required to alert staff in other units of the location of the fire.

Inspectors were not satisfied with this procedure and contacted the provider regarding this on the second day of the inspection. The issue was discussed at the feedback meeting and the provider informed inspectors that they had contacted their own fire consultants on the matter, who inspectors were informed were satisfied that it met the requirements under fire standards.

Inspectors agreed to seek further clarity post inspection and revert to the provider. Subsequent to the inspection the provider was requested to submit a risk assessment outlining the control measures in place to assure HIQA that staff were appropriately alerted to the location of a fire.

There was a risk management policy in place that contained all of the requirements of the regulations. Incidents were recorded on an e-form and a system was in place to review incidents. For example a summary of incidents for the centre was available to the person in charge and the clinic nurse manager. Incidents were being reviewed by relevant personnel in the service. For example, any incidents relating to behaviours of concern were reviewed by the clinic nurse specialist in the area. They furnished a report to the person in charge with recommendations attached. From a sample of these reports agreed recommendations had been followed through.

However one identified risk in the centre did not have appropriate control measures in place regarding storage. This related to inappropriate storage of oxygen in the centre and staff were requested to move the oxygen to a safer location. This was completed at the time of the request.

A risk register was maintained in the centre and this included risks in the centre. Some of the information contained in this register contained control measures for individual residents assessed needs. This information was not always contained in the personal plan. For example, one resident who had epilepsy did not have the risk assessment contained in their plan. Given that there were large numbers of agency employed in the centre and that the risk register was stored in hard copy on the computer, it was not guiding practice for all staff.

Vehicles used for the transportation of residents, were found to have the necessary documents to support their road worthiness and that they were insured.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach

to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found residents were protected however, improvement was required in behaviour support plans in order to guide practice and in the use of a restrictive practices.

There was a policy in place on the prevention, detection and response to abuse however, this policy was out of date. Staff had received training in safeguarding and staff spoken with were knowledgeable on the action to take in the event of an allegation, suspicion or disclosure of abuse. There was a designated liaison person appointed. Safeguarding concerns had been reported in line with the centre policy and there were no safeguarding concerns on the day of inspection.

There was a policy in place on the provision of behavioural support and a policy on restrictive practices. Where required, behaviour support plans had been developed outlining the support to assist residents with their emotional and behavioural needs and some of these plans guided practice. However, the inspector found some plans did not guide practice and were not reflective of the actual practice in place.

In addition, the interventions required to respond to some behaviours were not comprehensively set out in plans for example, the use of medication as a responsive measures to behaviours that challenge. Residents were reviewed by the relevant healthcare professional to support them with their emotional and behavioural wellbeing.

The use of one environmental restrictive practice had not been applied in accordance with best practice. The rationale for the use of this practice was not clear and staff did not know what this practice had been implemented. This practice had not been considered as a restrictive practice and therefore not applied or reviewed as such.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that the person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. Inspector reviewed the incidents log maintained in the designated centre and found incidents were appropriately notified.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:
Overall the inspectors found residents had been supported to access opportunities for the development and maintenance of independent skills and hobbies in line with their wishes.

Residents availed of skills development opportunities through day services such as computer skills and woodwork. In addition, classes and groups were facilitated in the evening time for residents in areas such as cookery classes and knitting clubs. The inspectors reviewed records for a resident who had completed an eight week programme in healthy living. There was evidence that the maintenance of independent skills such as simple household tasks and some cookery were supported in the centre through daily activities. In addition, the implementation of a social activity programme was ongoing to support a resident with the development of coping and tolerance skills.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found residents' healthcare needs were not comprehensively met. Improvement was required in the development of some healthcare plans in order to safely guide practice and in the arrangements of ensure these healthcare needs were consistently and comprehensively met. Improvement was also required in staff knowledge of residents' healthcare needs and in arrangement for some residents to be involved in meal preparation.

The inspectors reviewed healthcare assessments and plans. Some healthcare plans were developed for identified needs however, there were a number of plans not developed. These included plans in relation to neurological, gastrointestinal and mental health plans. Some plans were not detailed to guide practice. For example, a plan for diabetes did not have any details on the signs and symptoms of hypoglycaemia and hyperglycaemia however, the staff on duty on the day of inspection was clear on these signs and symptoms and the corresponding treatment. The inspector spoke to a number of staff in relation to prescribed treatments and healthcare plans however, staff were not consistently clear on healthcare monitoring and interventions.

The units were staffed by care staff. Nursing support was available for the administration of medication and for specific interventions, for example, wound dressings and doctors rounds. Staff members outlined that nursing staff had responsibility for the administration of medication and all medical care needs, however, the inspectors found adequate nursing support was not available to comprehensively monitor and manage medical needs of residents. For example, two nurses were assigned to a minimum of 5 units per day and one nurse was assigned to 8 units in the evening time and during holiday periods. In the absence of plans to guide practice, a lack of staff knowledge for some healthcare needs and a lack of adequate nursing support, the inspectors were not assured that the healthcare needs of residents were satisfactorily met.

The inspectors observed a meal being served to residents. Resident were offered support in a sensitive manner and nutritional plans were implemented as recommended. The advice of a speech and language therapist and a dietician formed part of these nutritional plans where required. Some improvement was required to ensure recommendations by a healthcare professional, for some residents to prepare simple meals were implemented.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors found residents were protected by the centre's policies and procedures for medication management however, improvement was required in medication management audits.

There was written operational policies and procedures relating to the ordering, prescribing, administration and storing of medication. Medications were administered by a registered nurse in the centre. Suitable storage was available and medications were locked in medication presses or trolleys. Suitable arrangements were in place for the disposal of medication and separate storage was available for out of date or unused medication if required. Unused or out of date medications were returned to the dispensing pharmacy.

The inspectors reviewed medication administration and prescription records and found these records were complete. PRN (as required) medication prescriptions had the maximum dosage in 24 hours stated and these medications were subject to regular review. Individual medication management plans had been developed and reviewed as part of the personal plan review process.

Records were kept of all medication received into the centre. While there had been an audit of medication and prescription records for two units completed in September 2016, a comprehensive medication management audit had not been completed to date.

The centre availed of the services of a community pharmacist.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall inspectors found that there was a Statement of Purpose available in the centre however; it did not include all of the details required under the regulations. The following areas need to be addressed.

-The specific care needs that the designated centre is intending to meet was not upholding residents rights to privacy as the care needs stated may identify specific residents.

-The whole time equivalents employed in the centre were not correct.

-The arrangements in place to deal with residents social activities in the centre only detailed activities from the day services.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that the management systems in place were not effective so as to ensure that the services provided were safe, appropriate to the residents' needs, consistent and effectively monitored. There were insufficient staffing levels available in the centre in order to meet residents' assessed needs. The systems in place to manage fire safety in the centre were not appropriately monitored.

The person in charge was fulltime. They were interviewed at an earlier date by HIQA and were found to be suitably qualified and knowledgeable about the regulations. However, they also had other responsibilities assigned to them that were not related to the governance of this centre.

The person in charge had been allocated two days per week to have oversight of the centre. While a clinic nurse manager was also in place to provide oversight and support to the person in charge, this staff member had no protected time to ensure that administrative work was completed. This staff member was also required to provide nurse support to the other centres on the campus in the evening times and at weekends. Inspectors found that this was not appropriate, given that this staff member was included in the staff compliment to meet the needs of the residents in the centre.

The person in charge reported to the director of services who in turn reported to the provider. Staff meetings were held regularly in the centre. The person in charge attended some of these. The director of services also facilitated meetings with persons in charge from all of the centres on the campus to inform learning and raise issues.

Only one unannounced quality and safety review of the centre had been completed in 2016. This had been done over a number of months between May and Sep 2016. Inspectors found that this report was only made available to the person in charge two days before this inspection and therefore a lot of the actions were not addressed.

An annual review had been completed for the centre. However, it did not include the views of residents and their representatives.

Inspectors found that while a number of audits were completed in the centre, there was no evidence to indicate that any of the recommendations had been followed up on.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge and the provider was aware of the requirements to notify HIQA in the event of the person in charge being absent.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that the centre was resourced to ensure the effective delivery of care and support, with the exception of the findings discussed under Outcome 1 and 17 of this report.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found that the staffing levels in the centre were not sufficient to meet residents assessed needs during periods of the day and night in the centre. The skill mix in the centre required review and significant improvements were also required so as to ensure that the provider was meeting their obligations under schedule 2 of the regulations.

On the first day of the inspection, inspectors were informed that a nurse who was rostered to work alone in one unit of the centre at night was required to leave residents unsupervised to support residents in other units in the centre. This was not in line with the assessed needs of some residents as their personal plans had recorded their needs as requiring 24 hour supervision. The provider was contacted at this time to look for written assurances that nursing staff would not be required to leave this unit at night thereby leaving residents unsupervised. This was received by inspectors at the end of the first day of the inspection.

On the second day of the inspection, inspectors were also informed that during the day there were periods where residents were left unsupervised in order to facilitate staff breaks and assist with other residents' needs in the centre. Again inspectors found that this was not in line with the residents assessed needs. A further letter of assurance was requested from the provider ensuring that this issue would be addressed before the close of the inspection. Inspectors were given written clarification of this at the end of the feedback meeting and additional supports were implemented from 10am - 6pm each day.

In addition, inspectors found that there were insufficient staffing levels in the centre to meet residents' social care needs. The inspectors acknowledged that the provider had taken proactive measures prior to this inspection to address this. As an independent consultant had been commissioned to carry out a review of the staffing levels in the centre. The findings from this review indicated that there were insufficient staffing levels in the centre. These findings were being discussed with the board of management on the first day of the inspection. Inspectors were informed that the provider intended to address these findings.

The skill mix of the centre had recently been reviewed to include additional staff at night time in the centre. However, inspectors found that the skill mix available in the centre was not what was reflected in the statement of purpose of the centre. For example, the statement of purpose stated that two staff nurses were available in the centre from 8.00am to 8.00pm. From a review of the rota, inspectors found that this was not always the practice. Some evening's only one nurse was rostered from 5.30pm onwards. This staff member was required to administer medications in all units of the centre and may also be responsible for on call support for the rest of the centres in the campus. Inspectors found that the nursing supports required review as the healthcare needs of residents were not been met as outlined in Outcome 11 of this report.

There was a planned and actual rota in place. However, it was not clear what staff members were allocated to each unit. Inspectors acknowledge that the person in charge had made significant improvements to this prior to the end of the inspection.

There were significant numbers of agency staff employed in the centre. For example one week there were 183 hours of agency employed in the centre. Inspectors acknowledge that regular agency staff were being employed as much as possible and the provider was actively recruiting a relief panel in order to improve consistency of care for residents.

Staff had received mandatory training. However, some staff had not completed training for residents assessed needs, including training in challenging behaviour, epilepsy management and the management of diabetes.

Supervision was in place for staff. The person in charge had developed a schedule for 2017 so as all staff would be offered this. Staff spoken to felt supported in their role.

Personnel files for this centre were reviewed at an earlier date by HIQA. Some improvements were required in this area so as to ensure that personnel files contained a full history of employment for all staff. In addition, over the course of the inspection, inspectors were made aware of a staff member who was employed by a resident in the centre. There was no evidence that this staff had been Garda vetted. Assurances had been given to inspectors that this staff member would not be employed until their Garda vetting was up to date. The person in charge was able to produce an e-mail to this staff confirming this.

There were no volunteers employed in the centre.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall inspectors found that all of the policies required by Schedule 5 of the regulations were maintained in the centre. Improvements were required in one policy so as to include all the requirements of the regulations.

There was an admission policy in place; however it did not include the temporary absence of residents in the centre. A residents' guide and a directory of residents were maintained in the centre.

The information required under Regulation 21 and listed in Schedule 4 were maintained in the centre.

The provider had submitted an insurance policy prior to the inspection. Clarity was

sought from inspectors from the person in charge around the actual renewal date on the document. An e-mail was submitted subsequent to the inspection from the insurers clarifying that the insurance was up to date.
Judgment: Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0005389
Date of Inspection:	06 and 07 December 2016
Date of response:	10 February 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rationale of using residents' funds to pay for personal assistants was not clear; and the practice was not applied equally for all residents.

1. Action Required:
Under Regulation 09 (1) you are required to: Ensure that the designated centre is

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Please state the actions you have taken or are planning to take:
1. Residents will be facilitated to fulfil their social care needs within existing staffing levels. Staffing levels will continue to be reviewed. Residents are no longer paying for personal assistants.
2. An extra Healthcare Assistant has been put in place to support the achievement of Social care Needs .Through the Personal Outcomes framework and the Annual Reviews Residents will be supported to achieve their health and Social care needs with support from key staff and family or their representatives
3. A New Personal Assistant Policy is being developed to guide practice.

Proposed Timescale: 1. Ongoing, 2. Completed, 3. 28/2/2017

Proposed Timescale: 28/02/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Intimate care plans in place to support residents were not detailed enough to guide practice.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Intimate care plans will be reviewed and updated to guide staff.

Proposed Timescale: 28/02/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have access to the internet in centre.

3. Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
Internet facilities will be available to every bungalow.

Proposed Timescale: 24/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment of the social and personal needs of residents was not completed.

4. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
1. A review of the Personal Outcomes Measures Information gathering tool has taken place
2. A New Personal and Social Care Needs Assessment has been developed which links up the Multidisciplinary Team meetings and the Residents annual review meeting.

Proposed Timescale: 1. Completed, 2. Completed

Proposed Timescale: 13/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Social care needs of residents were not met in accordance with their plans and social care activities for some residents were limited.

Personal goals had not been reviewed in a timely manner and staff were not aware if the actions required to meet some goals for residents had been implemented.

5. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
1. An extra Healthcare Assistant has been put in place to support the achievement of Social care Needs

2. Each resident will have an individual Annual Review meeting attended by the resident, key worker, named nurse, representative and or family member.

3. The action plan for the residents identified goals will be discussed during the Annual Review meeting and supports identified

4. Key worker will regularly review progress with identified goals with Resident and also at the monthly MDT's

5. Relevant staff will be informed of identified goals eg. day services staff

Proposed Timescale:1. Completed, 2. 31/7/2017, 3. 31/7/2017, 4. Ongoing, 5. Ongoing

Proposed Timescale: 31/07/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The door in one resident's bedroom was not wide enough for wheelchair access and the use of a hoist.

6. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
All doors will be widened as part of the scheduled refurbishment works

Proposed Timescale: 19/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some floor coverings in the centre required updating.

Paintwork in some areas required redecoration.

7. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
As part of the planned and scheduled refurbishment works floor coverings and paintwork will be updated.

Proposed Timescale: 19/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident's bedroom was small and did not have adequate storage facilities.

8. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
As part of the refurbishment works all offices are being removed from the bungalows. The resident will then be offered a larger bedroom.

Proposed Timescale: 19/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some individual risk assessments for residents were not included in their personal plans so as to guide practice.

Oxygen in one unit in the centre was not stored appropriately.

9. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
1. Individual risk assessments will be reviewed and updated to reflect individual conditions that need control measures.
2. Individual Risk Assessments will be included in Residents DML’s.

3. Layout of DML's have been updated for ease of access.
4. Copies of Risk Register will be made available for staff inclusive of agency and relief staff stored in Risk Management folder

Oxygen cylinder was moved to a safer location during the Inspection process.

Proposed Timescale: 1. 28/2/2017, 2. 28/7/2017, 3. Completed, 4. 28/2/2017

Proposed Timescale: 28/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire alarm panels were only available in two of the units in the centre.

10. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
1. A review of the Fire Alarm system has been completed by external fire Consultancy Company and meets with fire regulations. (Copy of Review attached)
2. Risk Assessment completed with Control measures.
3. Updated "Staff Fire Orders" guidelines are now implemented
4. Staff will be informed of updated guidelines through informative education sessions

Proposed Timescale: 1. Complete, 2. Complete, 3. Complete, 4. 28/2/2017 & Ongoing

Proposed Timescale: 28/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire evacuation procedures were not clear in the centre.

Fire drills did not record who assisted with the evacuation of the centre.

The information contained in residents' personal evacuation plans were not all consistent with residents assessed needs

11. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
1. Updated "Staff Fire Orders" guidelines are now implemented
2. In future all staff who participated in the evacuation will be included on the fire drill report.
3. Personal Evacuation Plans will be reviewed and updated ensuring they are consistent with residents assessed needs

Proposed Timescale: 1. Complete, 2. Ongoing, 3. 9/2/2017

Proposed Timescale: 09/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no fire doors in four of the units in the centre.

12. Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Refurbishment work is in progress which includes replacing existing doors with fire doors

Proposed Timescale: 19/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The details set out in some behaviour support plans did not guide practice, as these plans were not reflective of the actual practice or the responsive interventions were not detailed in plans.

13. Action Required:
Under Regulation 07 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
A full review of the Positive Behaviour Support Plans will be completed for each Resident with Clinical Nurse Specialist in Behaviours that Challenge and with relevant

centre staff and necessary amendments made.

Proposed Timescale: 28/02/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of an environmental restrictive practice had not been identified as restrictive and as such had not been applied in accordance with best practice.

14. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The identified restrictive practice has been removed and also reported in the HIQA Quarterly Returns.

Proposed Timescale: Completed

Proposed Timescale: 13/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' healthcare needs were not met.

15. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
1. Current Personal Healthcare Plans will be reviewed and updated by the Nursing staff.
2. New Healthcare Plans will be developed to reflect resident's individual healthcare needs by nursing staff in consultation with Multidisciplinary team.
3. Healthcare Plans will be made available to all relevant Healthcare staff with the Residents permission
4. Every four months Personal/Health Care Plans will be reviewed, or sooner if Residents individual needs change.

Proposed Timescale: 1. 28/2/2017, 2. 28/2/2017, 3 Ongoing, 4. Ongoing

Proposed Timescale: 28/02/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents were not supported to prepare meals, as recommended by an allied healthcare professional.

16. Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
1. Residents will be given the opportunity and support to prepare simple meals both in their home and in the day activation as part of their Occupational Therapy programme.

Proposed Timescale: 1. Ongoing

Proposed Timescale: 13/02/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication management audits were not comprehensive and did not review all aspects of medication management practices across the centre.

17. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Medication Management Audit tool will be reviewed to ensure they address all of the areas of Medication Management across the centre.

Proposed Timescale: 28/02/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Statement of Purpose available in the centre did not include all of the details required under the regulations. The following areas need to be addressed.

-The specific care needs that the designated centre is intending to meet was not upholding residents rights to privacy as the care needs stated may identify specific residents.

-The whole time equivalents employed in the centre were not correct.

-The arrangements in place to deal with residents social activities in the centre only detailed activities from the day services.

18. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of Purpose will be amended to reflect;
1. Residents right to privacy - Risk of identifying individual residents will be reduced by reviewing and removing information which may potentially lead to identifying "identity" of residents
2. Whole time equivalents will be reviewed and amended
3. List of Residents Social activities other that activities in day activation will be updated in the Statement of Purpose.

Proposed Timescale: 1. 15/2/2017, 2. 15/2/2017, 3. 15/2/2017

Proposed Timescale: 15/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review for the centre did not include the views of residents or their representatives.

19. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Future Annual reviews will provide for consultation with residents and their representatives.

Proposed Timescale: 31/12/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Only one unannounced quality and safety review had been completed for the centre. This report was only made available to the person in charge two days prior to the inspection.

20. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
1. Unannounced visits will be completed every six months
2. Report findings & action plan will be communicated to the Person In Charge within two weeks of completion.

Proposed Timescale: 1. 30/6/2017, 2. 15/7/2017

Proposed Timescale: 15/07/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The clinical nurse manager had no protected time in the centre.

The clinical nurse manager was required to support other centres on the campus while also ensuring that residents' needs were met in the centre.

21. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. An internal workforce review is taking place which will take into account the need for protected time for the Clinical Nurse Manager in a designated centre

2. The outcome from the review will form the basis for discussion with the HSE where there is a need for increased staffing levels and funding to facilitate protected time for the Clinical Nurse Manager

Proposed Timescale: 1. 10/2/2017, 2. 31/3/2017

Proposed Timescale: 31/03/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence to indicate that actions from audits completed in the centre had been implemented or followed up on.

22. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
1. A new Audit committee has been set up to ensure the completion and implementation of recommendations from each audit are followed.
2. An Audit Policy has been drafted
3. An Audit calendar has been rolled out for 2017.

Proposed Timescale: 1. Ongoing, 2. 28/2/2017, 3. Ongoing.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing levels in the centre were not sufficient to meet residents assessed needs.

The skill mix available in the centre was not what was reflected in the statement of purpose of the centre.

23. Action Required:
Under Regulation 15 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
1. A work force analysis has been completed by an external agency to review staffing structures, levels and skill mix. The review has been submitted to the HSE and discussions are ongoing.
2. Following an internal review of the skill mix in the centre, increased Nursing support has been allocated. There are two Staff nurses on duty each day in the centre working from 8am – 8.30pm. An extra Healthcare Assistant is in place as an additional support to all of the bungalows in the centre. The Statement of Purpose will be amended to reflect same.

Proposed Timescale: 1. Completed, 2. Ongoing

Proposed Timescale: 13/02/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nursing support available in the centre required review in order to ensure that residents' healthcare needs were met in the centre.

24. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
Skill mix will continue to be reviewed through the MDT process, nursing observations and Resident Annual Reviews to ensure the healthcare needs of the residents are met. There are two staff nurses on duty each day in the centre working from 8am – 8.30pm. An extra healthcare assistant is in place as an additional support to all of the bungalows in the centre. The Statement of Purpose will be amended accordingly.

Proposed Timescale: Ongoing

Proposed Timescale: 13/02/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were large numbers of agency staff employed in the centre.

25. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
1. An internal workforce review of staff numbers and usage is taking place which will inform centre staffing numbers against budget and skill mix.
2. The outcome from this will form the basis for discussions with the HSE around meeting resident needs with the required staffing levels and the requisite funding for same
3. Relief panel to be increased
4. Agency usage to be minimised with the increase in the use of relief panel and discussions with HSE.
5. Where agency staff are utilised Peamount will endeavour to use staff that are familiar with the residents and environment

Proposed Timescale: 1. 31/3/2017, 2. 31/3/2017, 3. 31/5/2017, 4. 30/6/2017, 5. 27/1/2017

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The rota in the centre required improvements to reflect what staff were rostered on duty in each unit of the centre during the day and night.

26. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Staff Roster has been updated to reflect the staff who are working in the various bungalows day and night time.

Proposed Timescale: Complete and ongoing

Proposed Timescale: 13/02/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member did not have up to date Garda vetting in place.

Some staff personnel files did not contain a full history of employment.

27. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
1. Garda Vetting documentation has been forwarded to staff member. Staff member will not be working until Garda vetting confirmation is received.
2. Human Resource department checking employment history in Personal files to address gaps

Proposed Timescale: 1. 28/2/2017, 2. 28/2/2017

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not completed training for residents' assessed needs, including training in challenging behaviour, epilepsy management and the management of diabetes.

28. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
1. Appropriate staff will be identified from Training Trackers
2. Training programmes for Epilepsy and Diabetes management will be organised for all Nurses and Healthcare Assistants.
3. Appropriate staff will be booked into Positive Management of Aggression and Violence course.

Proposed Timescale: 1. 13/2/2017, 2. 30/3/2017, 3. 30/3/2017

Proposed Timescale: 30/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admission policy did not include the temporary absence of residents in the centre

29. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Transfer /Transition from Residential Care in Peamount Healthcare Policy will be reviewed and updated to include Temporary absence of residents in the centre

Proposed Timescale: 28/02/2017