eDeposit Ireland

Centre B1, OSV-0005389, 02 February 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Centre B1, OSV-0005389, 02 February 2021', [report], Health Information and Quality Authority, 2021-04-28, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 02:46:59
Link to Item	https://hdl.handle.net/20.500.14765/106186

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre B1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	02 February 2021
Centre ID:	OSV-0005389
Fieldwork ID:	MON-0024026

About the designated centre

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

Centre B1 is a designated centre based on a campus setting in West County Dublin. It consists of four units and an additional unit which is divided into two separate individual apartments. The centre supports up to 16 persons with intellectual disability with an aging profile through the 24 hour residential services it provides. The staff team comprises of staff nurses, care assistants, household staff, a clinical nurse manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 February 2021	10:00hrs to 16:20hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector found evidence indicating a culture in which the feedback, wellbeing and safety of residents played a prominent part in the operation and enhancement of the service. Inspectors found good examples of where the protection and safety of the residents had been balanced with their preferences and independence, and where issues had been raised by the resident, how the provider worked with them to come to a satisfactory outcome.

During this inspection, there was an outbreak of COVID-19 in the designed centre, and as a result, the inspector had limited opportunity to meet with residents who were self-isolating or were in acute settings. The inspector observed that residents who were isolating were supported by staff members to pursue as much of their usual routine as possible, and observed positive supportive interactions between staff and residents. Residents were relaxed and comfortable in their house, and were supported to go about their day while practicing social distancing from their peers. The house and the residents' bedrooms were decorated in a nice and personal way.

Prior to the inspection, the provider had circulated a satisfaction questionnaire on the service, to which 12 residents responded with their views and feedback. Residents indicated that they were looking forward to being able to get out to their favourite pubs and restaurants again, and many of the residents were upset that there was no opportunity to go on holidays in 2020. Residents responded that they understood that it was necessary to stop these opportunities for now, and had plans for what they would do when things returned to normal. Some residents fed back that with everybody in the house more often, it could get noisy and some indicated that they would prefer to live alone or in smaller houses. The inspector found that following these questionnaires, the provider discussed matters further with residents and had commenced processes for assessing locations which may be more suitable and preferable for the residents. At the time of the inspection, two residents had recently transitioned to houses in or outside this designated centre and they were happier following the move.

The inspector found examples of simple guides with imagery to support residents to understand the current health emergency, and to provide reassurances on what to expect and how they could keep themselves safe. The pandemic was also discussed in house meetings to answer any questions people have and to provide news and updates on the situation. In recent meetings, the staff member included a roleplay scenario to reassure people who were anxious about getting the upcoming COVID-19 vaccination.

The provider had risk assessed where residents could continue with their usual routine while isolating for COVID-19, for example, one resident was supported to walk their pet dog around the grounds on the understanding that they would abide

by social distancing when out.

House meetings held in each location also discussed social events in the centre, planned out meals for the comings days, and had recently discussed how they had celebrated Christmas and enjoyed their presents.

The provider had invited residents to be interviewed as part of the most recently completed annual review of quality and safety of the service. The resident commentary made up a substantial portion of this serviced review and the items raised contributed to the objectives and action plan for the service in the year ahead. The issues raised in resident house meetings were also reflected upon, with each item having follow-up records by the provider management as part of a "You Said, We Did" initiative.

Residents spoke positively on their relationship with staff members and indicated that they knew who they could approach with any complaints or worries, that they knew would listen and treat their concern seriously.

Capacity and capability

This inspection took place following the service provider's application to renew the registration of the designated centre and to follow up on actions identified on an inspection which took place in January 2020. This inspection was also used to verify plans submitted by the service provider regarding how an outbreak of COVID-19 was being managed in the designed centre. Overall, the inspector found that issues raised in the previous inspection had been addressed or were in progress, and actions had taken effect which improved the quality of care and support for residents living in the houses. Measures were in effect to retain operational oversight of the designated centre and to ensure that residents were safe, happy and reassured in light of the social restrictions in place. Inspectors found that there were some items of work related to the fire safety of the premises that had not been completed at the time of the inspection and had surpassed the date by which the provider intended to have these measures in place.

At the time of inspection, there were no staffing vacancies in the designated centre and the use of agency personnel to cover shifts was low. The provider had a panel of relief staff, and specified members of this panel were allocated to this designated centre, and as far as possible, were allocated to a specific house to reduce the risk of transmission. The provider had limited the personnel moving between houses to a single person who covered staff breaks. The core and relief staff members allocated per house were consistent to provide continuity of support for the residents.

The provider had planned and worked rosters which clearly denoted the allocation for each house within the designed centre, as well as the days on which the person in charge was on duty. The provider used the planned roster to anticipate the shifts on which the relief staff would be required. The provider conducted audits of the

worked rosters on a regular basis, and the inspectors found, from these audits and the worked rosters, where the provider had identified a small number of shifts for which there were no personnel available. Some improvement was also required to the worked roster to consistently specify the relief staff who worked in each house by name to be clear on who was in each house and when.

The provider had ensured that staffing personnel had been facilitated to attend their mandatory training, and inspector found records indicating that all staff were up-to-date in training related to fire safety, moving and handling, infection control practices and safeguarding of vulnerable adults. The provider has identified that for training in supporting people whose assessed behaviour support needs may pose a risk to themselves and others, 47% of staff either had not attended training sessions or had not had a refresher within the provider's intended timeframes.

The provider had systems in place to mitigate the impact on resources posed by the ongoing health emergency. The provider had a contingency plane in effect which identified how the service would respond to risks including staffing depletion, interruption of supplies of personal protective equipment (PPE) or sanitising items, and how a potential outbreak of COVID-19 would be managed in each house. An outbreak control team had been established which consisted of member so provider management and representatives from the Department of Public Health. Inspectors reviewed the minutes of the frequent meetings of this group, which discussed the status of actual or potential cases of COVID-19 in the centre, testing of residents and staff, and restricted advised such as on people visiting the centre. A leadership steering group had also been established internally to ensure continuity of priority support, up-to-date information communicated to the houses and adequate supply of cleaning and sanitising equipment.

Inspectors reviewed the most recently completed annual review of the service, in which the quality enhancement objectives for the year ahead were outlined with timelines and responsible stakeholder. A sizable portion of the annual review included interviews and feedback from the residents living in the services, and this feedback also contributed to objectives going forward to enhance the lived experience of residents in their home.

Regulation 15: Staffing

The inspector reviewed planned and actual rosters which indicated where the number and skill mix of staff was supplemented by relief staff members. These rosters did not consistently name the relief staff allocated to the houses. The worked rosters also indicated that there were a small number of days over recent months in which shifts went unfulfilled in some houses due to relief staff unavailability.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A number of staff had either not received or were overdue for refresher sessions in training to support residents to manage behaviour in accordance with their assessed needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider retained operational oversight of the designated centre through routine audits and quality improvement initiatives. Where areas in need of improvement had been identified through audits, incident or resident feedback, the provider set out objectives to address these matters to provide a safe and quality service for the residents.

The provider had established centre-level steering groups and regular engagement with relevant external bodies, to respond and manage the risks associated with the COVID-19 pandemic, including arrangements regarding supplies,testing, information, and how to effectively support people in this designated centre if they become ill.

Judgment: Compliant

Quality and safety

Due to the risk related to the outbreak in this designated centre, the inspector limited visiting to one house in the centre. The house was clean and in a good state of maintenance, and there was a clear and consistently-filled checklist of cleaning duties by both the household staff and the care workers. The bungalow house was comfortable and spacious for residents to effectively observe social distancing or remain primarily in their bedroom. The provider had identified the challenge associated with shared bathrooms in the house and so had a strict cleaning regime in effect between people using the facilities. Staff in the house were observed practicing appropriate hand hygiene and use of PPE, and the inspector found evidence that staff were diligently monitoring temperatures and symptoms to efficiently identify and respond to potential or actual infection risk. The provider also conducted regular audits to ensure that each house team was following good infection control practices and raising any challenges to doing so. Where areas in need of improvement were identified, they had been given effect, for example

introducing a temporary building in which staff could change clothes at the start of their shift. All staff had attended training in infection control practices, and personnel onsite were trained to conduct swab testing of staff and residents.

In addition to establishing a centre-based contingency for responding to COVID-19 risks, the provider had also conducted person-centred assessments of residents during the pandemic. This assessment identified residents whose routine would be impacted by the requirement to isolate, and those who were less likely to effective observe social distancing. In setting out risk controls, the provider had taken into account the wishes and preferences of residents, and the inspector reviewed social stories and information communicated to residents to inform and reassure people on the illness and the measures required to keep themselves and others safe.

Inspector found that incident logs were clear and detailed with actions and learning to reduce reoccurrence. Incidents were analysed to indicate trends and the inspector found examples of where action had been taken that had benefitted residents involved and reduce adverse incidents. For example, there had been a trend of verbal incidents between residents who lived together. The inspector was provided evidence of how, following discussions with the residents and with the multi-disciplinary team, the provider had facilitated residents to transition to different houses. This was done in line with residents’ wishes and had resulted in all residents involved feeling more content and safe in their living space.

The provider maintained a person-centred register of active risks related to the designated centre and to the specific needs and supports for the residents. These risks were being kept under review in response to incidents, accidents and the evolving national directives regarding the pandemic. Some clarity was required in the review notes of the risk register, as inspectors found examples of where the risk rating for some hazards had been amended but the reason for this was unclear. This included some instances in which the risk rating was increased after noting that no incident of concern had occurred.

The provider conducted frequent practice evacuation drills in the houses to be assured that people could evacuate in a timely fashion. The records of these drills noted the procedure followed, the challenges encountered which could potentially cause delay, and learning for future reference, including notes on residents who may require additional verbal or mobility support to leave.

The internal doors to bedrooms, kitchens and communal areas in the houses were rated to withstand fire and smoke. However they were not equipped with mechanisms to close automatically to provide effective containment. The provider had parts on order which would allow doors to shut automatically, and to be held open in such a way as to not compromise the containment measures. The delivery of these parts was delayed and the provider did not have a timeframe by which these actions would be completed as of the day of inspection.

Regulation 26: Risk management procedures

Some improvement was required in the risk register to clearly indicate the rationale for changes to risk assessment and rating.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The premises were clean and in a good state of maintenance, with a routine in place for regular cleaning and disinfecting of the environment and of surfaces. The houses were equipped with personal protective equipment and signage advising of infection control procedures.

The provider had developed procedures and contingency plans for identifying and responding to actual or potential cases of COVID-19 in the designed centre. The provider engaged on a regular basis with external parties including the department of public health to monitor cases, testing referrals and precautionary measures and restrictions.

Staff were trained in infection control practices and were diligently self-monitoring for symptoms and temperatures, and were observed practicing social distancing and proper use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of inspection, all five houses required self-closing mechanisms on doors in key areas to ensure the premises was equipped to contain the spread of flame and smoke in the event of fire. The provider was aware of this risk and were waiting on delivery dates for devices required to complete this work.

Judgment: Not compliant

Regulation 8: Protection

The provider had measures in place to protect residents from harm and to support residents to self-protect. The inspector found examples of where the provider had acted appropriately to reduce or eliminate identified safeguarding risks in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre B1 OSV-0005389

Inspection ID: MON-0024026

Date of inspection: 02/02/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
A roster review will take place with the ADON of the service and the PIC to ensure roster is covered. Additional relief staff will be assigned to the centre.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
All staff have been scheduled to complete Studio 3/PETMA training by the end of June 2021.</td></tr>
<tr><td>Regulation 26: Risk management procedures</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Risk register will be reviewed and amended to be centre specific and rationales and ratings for each risk will clearly outlined. This will be completed by the end of March 2021</td></tr>
</table>

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The self-closing mechanisms are currently on order and the Centre is awaiting the delivery of same. These will be installed by the end of June 2021.
The locks for the fire doors have been changed to thumb turn locks.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/06/2021

	as part of a continuous professional development programme.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2021