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

Issued by the Chief Inspector

Name of designated centre:	Centre A1
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-0005386
Fieldwork ID:	MON-0023276

About the designated centre

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

Centre A1 is a designated centre based on Peamount Healthcare's campus setting in West County Dublin. It consists of five individual units and can support up to 12 adults with intellectual disabilities. It provides 24 hour residential supports to residents and is supported by a staff team which is made up of staff nurses, care assistants, house hold 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:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what they observed, it was evident that residents were being supported to be happy and safe in the designated centre. They appeared content in their home and the inspector observed kind and caring interactions between residents and staff during the inspection. The provider was in the process of implementing a number of actions from the previous inspection and their quality enhancement plan, and these actions were starting to have a positive impact on the lived experience of residents in the centre. Renovations and redecoration was occurring in the premises in the centre, fire containment works were ongoing and the reduction and removal of some restrictive practices in the centre were having a positive impact for residents.

There were twelve residents living in the designated centre on the day of the inspection and the inspector had the opportunity to meet and briefly engage with four of them in their home. In addition, five residents completed questionnaires in relation to the care and support in the centre prior to the inspection. Four residents were assisted by staff to complete these questionnaires. The information in these questionnaires presented mixed views in relation to the care, support, and in relation to residents access to activities in the designated centre.

During the inspectors visit, residents appeared happy and comfortable in their home and with the level of support offered by staff. They were each observed spending time in different parts of their home and to be engaging in activities of their choice. They were spending time doing puzzles with staff, watching television and relaxing, cleaning parts of their home, doing laundry or getting a snack or a drink in the kitchen. Staff were observed to listen to residents and to be aware of residents communication preferences. They were picking up on residents non verbal cues and gestures and seen to be responding appropriately.

One resident showed the inspector areas of their home which had recently been redecorated. They smiled as they showed the inspector their favourite rooms, belongings and pictures. Another resident told the inspector about all the things they liked to do around his home such as cleaning and doing laundry. They were very complimentary towards the renovations that had been completed in their home over the last number of months. They told the inspector it was lovely to come home to after the work had been completed.

Residents' meetings were occurring regularly in the centre. The agenda items were varied and different aspects of the day-to-day running of the centre were discussed. For example, a review of the week was usually completed with residents having the opportunity to discuss what went well or what they enjoyed, and what was not so good for them that week. Home decoration and painting, the living environment, chores, shopping, cooking, activities, staffing, and visitors were also regularly discussed. There was an action plan at the bottom of the meeting to identify what

actions required follow up after these meetings.

In the questionnaires residents described things they were happy with in relation to their care, support and their home and they also described areas where they would like to see improvements. Residents indicated in their questionnaires that they had been living in the centre for between a year and 26 years, with one resident indicating they had been living in the organisation for over 45 years. One resident who had recently moved to the centre stated that they felt "good and happy since they moved to this centre". Another resident stated that they "felt safe" in the centre.

A number of residents were complimentary towards areas of their home. For example, one resident stated they liked the new colours on the walls in their home, the new pictures and especially the new kitchen and laundry room. They also said they were very happy with their bedroom. However, other residents described areas for improvement with one resident stating they would like their own living area separate from their bedroom and two residents stating that they were unhappy with their access to a garden or outdoor area. Another resident said they would like a back garden to enjoy the nice weather.

There were central catering facilities on the campus and increased efforts were being made to ensure that cooking and baking facilities were available and suitable in all areas in the designated centre to afford residents the opportunity to cook, bake or take part in preparing and cooking their meals and snacks. For example, the kitchen had been renovated in the premises visited by the inspector and renovations were also planned in the kitchen area of another house. Also plans were in place to replace a cooker and oven in one of the houses as residents were unable to use them.

For the most part residents indicated in their questionnaires that they were happy with the food and mealtimes in the centre. They indicated they were happy with the taste of the food, the choices available, the times meals were served and their access to meals and snacks outside of mealtimes. One resident stated they were happy with food and enjoyed preparing some of their own meals. However, one resident indicated they were unhappy with taste and temperature of the food and another resident stated they were unhappy with the cooking and dining facilities in their home and would like a large kitchen so they could help or watch staff cooking. Menu planning was discussed regularly at residents' meetings. These discussions included what residents would like to cook, what ingredients they may need, and when they would shop to get these ingredients.

A number of residents referred to the impact of the COVID-19 pandemic for them and their access to visitors and activities in their local community. They talked about looking forward to getting back to being able to access their local community. They described activities they enjoyed, in and around the designated centre. These included, listening to the radio, watching talk shows, watching their favourite shows on television, cooking, going to see their favourite people on the campus, gardening and spending time with their friends. They also described a variety of activities they liked to take part in, in their local community. These included, going for coffee,

going shopping, going for a walk with staff, going swimming, going to a local gym, going to the cinema, going to the local shopping centre, and going out on the bus with staff.

Two residents indicated in their questionnaires that they were unhappy with how often they got to go outside of centre and one resident indicated they were unhappy with their participation in the wider community. Residents also described activities they would like to take part in more or in the future, such as, going to concerts, going to country music shows and staying in a hotel. One resident stated that they were missing going out shopping, with another resident stating they would like to go for a drive everyday.

Each resident indicated in their questionnaire that they were happy with the support they received from staff. They indicated that staff were easy to talk to and familiar with their likes and dislikes. They described staff as "kind" and "helpful". One resident said that they liked staff and that they were good to them. Another resident said staff looked after them well and that they enjoyed chatting to them.

Residents also indicated in their questionnaires that they were aware of complaints process and those who had used the process indicated that they were happy with how their complaints were dealt with. One resident indicated that when they used the complaints process that their complaint was listened and acted on.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This inspection was completed in order to inform the registration renewal of the designated centre and to follow up on the actions identified by the provider following an inspection completed in the centre in March 2020. During this inspection high levels of non-compliance were identified across the regulations reviewed. On this inspection, it was evident that improvements had been made in relation to the oversight and monitoring of care and support for residents since that inspection. There was evidence of improvements in relation to residents' involvement in the day-to-day running of their home, and in relation to ensuring residents were happy and safe in their home. The provider had completed the majority of actions identified by them in the compliance plan and in their quality enhancement plan. However, there were a number of actions outstanding despite the timeframe for completion of these actions having passed.

Overall, the findings of this inspection were that the provider was aware of and addressing areas for further improvement, in order to further improve the quality of care and support for residents in the centre. They were in the process of addressing areas for improvements including, staff training, the required works to a number

of premises and the completion of fire containment works in the centre.

A review of the use of restrictive practices had occurred and resulted in a reduction in the overall use of restrictive practices in the centre, and the removal of some restrictions. The removal of some of these restrictions had improved residents access to their home and had also contributed to how homely and comfortable it now appeared. The provider had also developed a redecoration plan for the premises in the centre. They had recently renovated one of the houses and residents showed and told the inspector how happy they were with these renovations.

The provider had also made improvements in relation to continuity of care and support for residents. They had identified a dedicated relief panel for this centre, and the use of agency staff had significantly decreased since the last inspection. When agency staff were working in the centre, where possible the same agency staff who were familiar to residents, were utilised. Improvements were also found in relation to staff access to training and refresher training and formal staff supervision.

The provider had also made improvements in relation to the systems in place for maintaining oversight of this centre. For example, there were quality and safety walk around audits, daily handovers, daily safety pauses, weekly walkabouts by members of the senior management team, peer auditing and the regular review and update of the centre's quality enhancement plan. The inspector acknowledges that these systems were in the process of being implemented and required further time to be fully implemented and to fully impact on residents' lived experience in the centre.

During the COVID-19 pandemic some of the providers plans for walk about audits and peer audits could not be completed as planned. However, in the interim the audits were completed by the person in charge or assistant director of nursing and there was daily contact between the management team and the person in charge. The systems to review incidents and complete incident trending had been strengthened and there was evidence that learning following these reviews was being shared with the staff team.

Overall, residents were being supported by a staff team who were familiar with their care and support needs. There were no staff vacancies at the time of the inspection. There was one staff member on planned leave and the required shifts were being covered by regular staff completing extra hours or through the use of regular agency staff. Throughout the inspection, residents were observed to receive support in a caring and respectful manner. Whilst talking to the inspector and in their questionnaires, residents were complimentary towards the staff team. Improvements had been made to the planned and actual rosters and it was evident that they were being updated as changes occurred.

The systems to support staff through formal supervision had been strengthened. The staff team, including relief staff, were now in receipt of formal supervision at least six monthly in line with the provider's policy and procedures.

They had access to training and refreshers in line with residents' assessed needs. However, a number of staff required refresher training to support residents to manage their behaviour.

Regulation 15: Staffing

There were sufficient staff with the qualifications, skills and experience to meet the number and needs of residents in the centre.

Improvements had been made in relation to the continuity of care and support for residents since the last inspection. There was now a dedicated relief panel for the designated centre and there was evidence of minimal use of agency staff. On occasions where agency staff were used, the same agency staff member was utilised, where possible.

Improvements were also noted in relation to the maintenance of planned and actual rosters in the centre. In addition, all of the required information was present in the sample of staff files reviewed during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

In general, staff had been accessing training and refresher training in line with the organisation's policies and residents' assessed needs. However, 47% of staff required training or refresher training to support residents to manage their behaviour. The inspector acknowledges that this training had been booked and cancelled during the COVID-19 pandemic, but this training and refresher training needed to progress in line with residents' assessed needs.

Improvements were noted in relation to staff supervision since the last inspection. Each staff member including relief staff had formal supervision in 2020 and plans were in place to ensure they each had supervision at least twice in 2021 in line with the organisation's policy. Formal staff supervision required further time to become fully effective in supporting staff to carry out their roles and responsibilities to the best of their abilities.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were noted in relation to the oversight and monitoring of care and support for residents in the centre. The provider had completed the majority of actions identified for completion following the last inspection. They had developed a quality enhancement plan and had completed 65 of the required actions and 13 of them were in progress. A number of these actions need to progress in order to ensure residents were safe and comfortable in their home. For example, a number of outstanding actions related to the redecoration plan for premises in the centre, and the securing of funding for alternative premises for one resident.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. There was evidence that increased efforts were being made to ensure residents were being supported to make choices and engage in meaningful activities. Also, additional opportunities were now available for resident to cook and bake due to refurbishment of kitchens and the inclusion of planning and preparation during residents' meetings. For the most part, residents lived in a clean, warm and comfortable home.

As previously mentioned, a redecoration plan was in place for two of houses and this plan included painting, decorating and the replacement of some kitchen surfaces. The provider was also in the process of securing funding for alternative accommodation for one resident. The residents' home visited by the inspector, had just been renovated. These renovations had resulted in improvements for residents in relation to their access to private and communal spaces in their home and in how comfortable and homely it appeared. Each resident had their own bedroom which had been decorated in line with their wishes and preferences, and they also each had access to their own living room. At the time of the inspection a number of works remained outstanding in the house visited, including the installation of a new front door and of a garden and patio area at the back of the house. Furniture had been ordered including sofas and chairs and the delivery of these items had been delayed. It was now expected a number of weeks after the inspection. Two residents told the inspector about the positive changes which had happened in their home and a number of residents referred to these improvements and other planned improvements in their questionnaires.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed or updated existing policies, procedures, and guidelines and they had developed contingency plans for use during the pandemic. There were systems to ensure there were adequate supplies of PPE at all

times.

Suitable fire equipment was available in the centre and there was evidence it was being maintained and regularly serviced. Fire containment works were in progress across the designated centre at the time of the inspection. These works included the installation of self-closing mechanisms and the installation of thumb lock on fire exits. There were adequate means of escape and emergency lighting was in place. However, the keys to two fire exits were not available in or beside these doors. This was rectified before the end of the inspection. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was shared with team and resulting in the update of relevant documentation.

A complete review of restrictive practices in use in the centre had been completed since the last inspection. As previously mentioned, this had resulted in the removal of a large number of restrictive practices in residents' home. Restrictive practices were being regularly reviewed and there were plans in place to further reduce and remove some restrictions to ensure the least restrictive measures were being used for the shortest duration. Residents' support plans were detailed in relation to any supports that may required to manage their behaviour. They had access to the support of allied health professionals to support them. Incident review and trending was being completed regularly and leading to review and update of residents' support plans as required. As previously mentioned, a number of staff required training to support residents in line with their assessed needs.

Regulation 17: Premises

The premises visited during the inspection had just been renovated. These renovations had resulted in the premises appearing more comfortable and homely. Fire containment works were ongoing at the time of the inspection and further works were planned to the premises visited during the inspection, such as the installation of a new front door, works to the garden and the installation of a path and patio area at the back of the house.

The provider was in the process of completing further renovation and redecoration works in the centre with painting starting in one of the houses in early February 2021, and renovations due to commence in another house in the centre after this. The provider was also in the process of securing funding for alternative accommodation for one resident in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The premises visited during the inspection was found to be clean and there were regular cleaning schedules in place to ensure that each area of the house was regularly cleaned, including regular touch point cleaning.

The organisation had developed policies, procedures and contingency plans relating to COVID-19. There was evidence that these were being reviewed and updated regularly. The management team were meeting regularly with representatives from public health, as there were a number of outbreaks of COVID-19 on the campus. They had developed a number of risk assessments and identified zones across the campus. Relief staff were identified for each of these zones to mitigate the risk of moving staff to different areas across the campus.

There were systems in place to monitor residents and staff for signs and symptoms of COVID-19 and systems in place to ensure each area had access to adequate supplies of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

A number of works had been completed in relation to fire containment since the last inspection. However, some works remained outstanding at the time of the inspection. The provider was in the process of fitting self-closing mechanisms in the required areas of each of the premises in the designated centre to ensure the premises was equipped to contain the spread of flame and smoke in the event of fire. The majority of these had been fitted but the provider was waiting for a delivery of magnets in order for some of them to be fully fitted and functioning.

The provider had secured funding for thumb locks and plans were in place to source and install them. However, the inspector found that keys were not present or available in break glass units for two fire doors in the premises visited during the inspection. Assurances were provided that these keys were in place before the end of the inspection.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in the centre and there was evidence that they were being reviewed regularly to ensure the least restrictive measures were used for the shortest duration. A large number of restrictions had been removed since the last inspection and there had been a reduction in the duration

and frequency of use of a number of other restrictions.

Residents' support plans were being reviewed and updated in line with their changing needs. Proactive and reactive strategies were in place to guide staff to support them in line with their assessed needs. A number of staff required training and plans were in place to ensure they completed this training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Centre A1 OSV-0005386

Inspection ID: MON-0023276

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:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>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 and will be completed by the end of June 2021.</p> <p>Supervision for all staff is planned and occurring as per six monthly schedule. The person in charge completes supervision six monthly for all staff in the Centre which is in line with the policy.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Funding for alternative accommodation for one resident will be raised again on February 19th 2021 at HR/Finance meeting with the HSE. A review will commence with the resident on the type of accommodation the resident would envisage in line with their wishes and preferences.</p> <p>All staff members have been scheduled to complete Studio 3/PETMA training by the end of June 2021. The training is to commence at the end of the current level 5 restrictions.</p> <p>The self-closing mechanisms are on order and will be installed by the end of April 2021.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The installation of a new front door is planned and the Centre is currently awaiting the delivery of same. The front door is due to be installed by the end of April 2021. The works on the path at the front and back of the house has been completed. The works in the garden area and the installation of a patio is scheduled to be completed by the end of June 2021. The locks on the fire doors have been changed to thumb turn locks. Self-closing mechanisms for the fire doors are on order and will be installed by the end of April 2021. The furniture chosen by the residents has been ordered and the residents are awaiting the delivery of same.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>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 April 2021. The locks for the fire doors have been changed to thumb turn locks.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(6)	The registered provider shall	Substantially Compliant	Yellow	30/06/2021

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/12/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	30/04/2021

	extinguishing fires.			
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