



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

## Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Disability Service Castlelyons
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 February 2023
Centre ID:	OSV-0003504
Fieldwork ID:	MON-0033610

## About the designated centre

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

This designated centre is comprised of three houses and an apartment which are all located one site in a suburban area of West County Dublin. It provides 24 hour residential support services for up to 10 persons with intellectual and or physical disabilities. The staff team is comprised of a person in charge, a clinical nurse manager, social care workers, staff nurses and health care assistants. There is a total staff team of 13.82 full time equivalents in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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 (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 28 February 2023	10:00hrs to 15:30hrs	Michael Keating	Lead
Tuesday 28 February 2023	10:00hrs to 15:30hrs	Karen Leen	Support

## What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre. The inspection was carried out to assess compliance with the regulations. The inspection was facilitated by the person in charge and was accompanied by the person participating in the management (PPIM) for the designated centre at intervals throughout. The inspectors had the opportunity to meet with residents and observe interactions in their home during the course of the inspection. The inspectors used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the residents' quality of life. Overall the inspection found high levels of compliance with the regulations. However, improvement was required in relation to the contract for the provision of service and clarity in relation to fees charged to residents by the provider.

During the course of the inspection, the inspectors met with and spoke with five residents. For the most part residents told the inspectors that they were happy living in the centre that they felt supported by staff and the person in charge. All residents told the inspector that they knew how to raise concerns if they needed to and who they should address any concerns to. There was evidence that residents were encouraged to avail of the National Advocacy Service to assist them with complaints both in the centre and in the local community. Residents enjoyed activities within their home and local community, such as cinema and meals out. However, one resident discussed with an inspector their concern in relation to the increased cost of living and the financial impact this was having on them. The resident spoke about concerns that they would not be able to enjoy a holiday this year away from the centre due to rising cost of utility bills that were paying for their centre.

The designated centre consists of three houses and one apartment based in a residential housing estate in Co. Dublin and is registered for ten residents. At the time of the inspection there were two vacancies within the centre. A walk through of the centre was completed by the inspectors with the person in charge and support staff. The inspectors found that each house reflected the needs of the residents residing there. For example, in one house, changing health needs had been identified for one resident and control measures were implemented to met the residents assessed need. Each resident had their own bedroom which was decorate in line with their personal preferences. Residents' bedrooms were well furnished and contained personal items and reflected their interests and hobbies. Residents had access to their own mobile phone, tablet devices and were supported by staff to book concerts, shows or keep contact with family and friends. The centre was accessible to the needs of residents with accessible technology, aids and appliances. One of the houses was equipped with an accessible kitchen counter to support resident with cookery and meal preparation. The centre was homely with residents supported to have a pet dog.

Staff in the centre were observed to provide support that was person centred and they were knowledgeable on the current and emerging needs of each individual

resident within the centre. Staff were warm and friendly in their interactions with residents and residents appeared to be relaxed in the presence of staff.

Residents were observed being supported by staff to engage in home-based activities and to attend community-based activities. Support staff discussed that residents within the centre were presenting with age related health concerns and activities were tailored to meet the changing needs of residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a recently appointed person in charge. They were found to be familiar with residents' care and support needs and to clearly understand their role and responsibilities as outlined in the legislation, regulations and national policy. Overall, the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was safe, and appropriate to their needs. However, some improvements were required to ensure full compliance with the capacity and capability regulations. These included Regulation 24: Admissions and contract of the provision of services and Regulation 23: Governance and management.

The inspectors found that there were arrangements for auditing and reviewing systems to promote quality and safety however, there was only one six-monthly review completed by the provider for the service in 2022 in line with the requirements of the regulations. The provider had completed an annual report for the centre, however this had not taken into consideration the views of the residents.

The inspector found that under Regulation 24 the written agreements in place for residents did not contain the fees charged to residents, there were inconsistencies in relation to the fees set out by the provider and what was to be paid by residents'. The inspectors found that residents were subject to a high level of additional charges including grocery, bin charges and utilities with a noted increase in utilities bills in line with the current increase in the national cost of living. These fees were not detailed or covered within the contracts of care as set out for residents' or their representatives. This is further discussed under Regulation 24: Admissions and contract for the provision of services.

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. Nursing care was available to

residents as outlined in the statement of purpose. There was a planned and actual roster available.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There was a schedule of supervision in place for staff.

#### Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They were available to support residents and staff, and present in each of the houses regularly. Although the person in charge was new to their role the inspectors found them to be knowledgeable of residents' needs and had a clear vision of the service provision for residents and their assessed needs.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge. The provider and person in charge have arrangements in place to respond quickly to staff shortages within the designated centre to ensure continuity and appropriate care is delivered to residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was training and refresher training available for staff in line with the organisation's policy and residents' assessed needs. Staff in the designated centre are supervised appropriate to their role and the person in charge had completed a schedule of supervision for all staff members. Staff were aware of the current legislation, including the Health Act 2007, the regulations and standards.

Judgment: Compliant

## Regulation 23: Governance and management

Management structures were in place in the designated centre to ensure that the service provided is safe, appropriate to residents needs and consistent. However, there were gaps identified within the monitoring system of the quality of care by the provider. For example there was evidence that only one unannounced visit to the centre had taken place by the provider in the last 12 months. An annual review of quality and safety had taken place however, there was no evidence of consultation with residents.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

Residents have written contracts of care in place however, there were inconsistencies in relation to the fees set out by the provider and what was to be paid by residents'. There was a high level of additional charges being applied to residents in relation to utility bills within the centre, these fees are not covered within the contract of care for residents' or their representatives.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was readily available to residents and their representatives

Judgment: Compliant

## Quality and safety

Overall, this inspection found that the day-to-day practice within this centre ensured residents were safe and were receiving a service that was of a good quality and one which met their needs. The provider had put measures in place to address areas of non-compliance found at the time of the last inspection including fire safety.

Residents were supported by a team of social care workers, healthcare assistant and

had support of nursing staff during specific hours and through an out of hours call system. There was also a housekeeping staff employed on a part-time basis with responsibility for environmental hygiene. There was a part time staff nurse vacancy and full time healthcare assistant noted within the centre, however the centre had a regular relief panel available to ensure continuity of care for residents and the person in charge had oversight of the training needs required for the centre.

Inspectors found that residents were receiving appropriate care and support in line with the nature and extent of their assessed needs. Residents had access to allied healthcare professionals and staff were aware of residents emerging needs with emphasis on residents overall health and wellbeing at the forefront of their care. Residents were provided with opportunities to participate in activities in their local community. Residents were also supported to develop and maintain personal relationships and link with the wider community in accordance with their wishes.

The design and layout of the premises was suitable in meeting residents' needs. Each resident had their own bedroom, with their own en-suite bathroom and equipment such as medical beds in place where required. There was a garden area to the rear of the property, which had been paved and provided a wheelchair accessible route and was furnished with seating arrangements so that residents could spent time in the garden area should they chose. Residents were supported to have a pet within the designated centre.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. There were control measures in place in response to identified risk and there were clear governance arrangements in place to monitor the implementation and effectiveness of these measures. For example, a hygiene audit had been carried out in August 2022 and an action plan had been developed giving clear time bound actions to address recommendations.

In relation to fire precautions the provider had completed scheduled works to bring the centre into compliance with the regulation. There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. Staff had received training in fire safety and both staff and residents spoken to on the day of inspection were knowledgeable of how to evacuate in the event of a fire.

### Regulation 13: General welfare and development

Residents are provided with opportunities to participate in activities in accordance with their interests, capacities and assessed needs. Residents are provided with supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The centre was laid out to meet the needs of the residents. It was visibly clean and well maintained. Each resident had their own bedroom with accompanying en-suites and were decorated and personalised to reflect each individual's preferences.

Judgment: Compliant

### Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean in each of the three houses and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

The provider had communication systems in place and shared learning forums for staff teams to identify good practices and auditing systems to further enhance protection against infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the inspectors found that there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. Fire drills were carried out at regular intervals that ensured staff and residents are aware of procedures to be followed in the event of a fire. Personal emergency evacuation plans were in place for each resident and these were seen to include pertinent information about residents in relation to their evacuation needs. Staff and residents spoken to were confident with regards to the actions to take should there be a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment that meet the needs of the resident were in place and kept up to date, reviewed annually or in line with change in residents assessed needs. The assessment was used to clearly recognise and identify individual health, personal and social care needs of the residents. The centre was suitable to meet the assessed needs of each resident with support staff identifying changing needs and environmental supports needed to assist individual needs. There was a multidisciplinary review of the personal plans to ensure the effectiveness of specific plans for residents. There was a focus on the residents wishes, participation and consent to personal plans.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare arrangements are in place for each resident in regards to personal plans. There is evidence that residents are assisted to make decisions in relation to their health care needs an that residents are supported and facilitated to attend National Screening Services if they chose to. Residents receive support at times of illness which meet their physical, emotional, social needs and respects their dignity, autonomy, rights and wishes.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Peamount Healthcare Disability Service Castlelyons OSV-0003504

Inspection ID: MON-0033610

Date of inspection: 28/02/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a schedule in place for completing unannounced inspections, the date for completion will be set to an earlier timescale to ensure the 6 monthly reports are completed within an acceptable timeframe. A reminder will be issued to all staff completing annual reviews of the importance of including the consultation with the resident and their representatives in the annual review.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>A review of the contract of care is underway, this will include a review of the tenants agreement. The fees will be clearly outlined for the resident along with any additional charges the resident may incur.</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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall 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 shall 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	Substantially Compliant	Yellow	30/04/2023

	concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	31/05/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/05/2023