

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

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare B2
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0005765
Fieldwork ID:	MON-0035313

About the designated centre

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

Peamount Healthcare B2 is located on a large campus in West County Dublin and is made up of three individual house units. This designated centre is registered to provide residential care and support services for up to 15 adults with disabilities. The three units are of similar layout and have an entrance hallway, large main living and dining room, a kitchen area, a main shower room with toilet, a separate toilet, resident bedrooms, and smaller sitting rooms. There is a staff team of nurses and carers employed in the centre along with a clinical nurse manager and person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 (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
Wednesday 3 July 2024	09:40hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. During this inspection, the inspector had an opportunity to meet the residents of these houses and speak with their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in Peamount Healthcare B2. This inspection was announced in advance and residents were offered surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures. The inspector met six of the eight current residents during the day who told the inspector, directly or with staff support, what they had planned for their week.

Overall the inspector observed this to be a service in which residents were content with the shared living space, kept safe by staff and being encouraged to become more independent in aspects of their daily life. For example, the provider was liaising with financial institutions to establish accounts for residents, with interim actions planned to educate and encourage residents on using debit cards and holding onto their own money in line with their capacities and preferences. Some residents were supported to go out with staff to buy their groceries and occasionally participate in meal preparation. Some residents were encouraged to maintain their own home, with residents involved in gardening, and some residents recently supported to shop for paint, furniture and decorations where they wanted to refresh their bedrooms. Each bedroom was personalised with suitable space for clothes, photographs, lockable storage and space for a resident's television, mini-fridge or other personal items. The provider was in the process of reorganising vacated bedrooms which were no longer used, into quiet secondary sitting rooms for use when the main communal areas became too busy.

Following findings of previous inspections in which residents were involved in limited activity outside of this campus setting, the inspector observed evidence to indicate that residents were engaging in varied and meaningful social and recreational opportunities in the community. Two residents went shopping during the inspection to prepare for an upcoming trip to Knock. Other residents were planning holidays to Wexford, Waterford and Blackpool, the latter for which the inspector was shown a photo book of them on their last visit. Residents were supported to attend classes and music shows outside the campus, and this was supported by an accessible vehicle for which this centre had exclusive use. Some residents spent time in the main social hub on the campus to meet friends and engage in hobbies such as artwork. Residents met up with family members in the community also. As residents advanced into their senior years, a topic of management and local team meetings was to ensure that suitably varied and interesting activities continued where

residents may spend more time in their own home.

An important factor towards a good quality of care was residents being supported by support staff with whom they were familiar and had built up a trusting relationship and rapport. As will be referenced later in this report, the inspector observed evidence to indicate that a challenge in this service was maintaining continuity of familiar staff in delivering residents' needs. Through observation during the day, speaking with staff and reviewing worked rosters, the inspector observed that frequently staff would be reallocated to other houses, familiar staff would be unavailable, and vacancies and absences were covered by a large number of contingency personnel. Management meetings, staff commentary, and feedback attained from quality audits highlighted how this put pressure on the core staff team in carrying out their duties to a high standard. Staff commented that this discontinuity had an impact on the flexibility and spontaneity with which residents could engage with the community, and limited person-centred engagement in the centre. Familiar staff were also important for this house as many of the residents required support with communication, eating and drinking, mobilising and behaviour support which would require personnel who were familiar with their assessed levels of support and communication methods.

The inspector spoke with one resident who had recently changed bedrooms in the centre, who proudly showed the inspector how they had decorated their new room to be pleasant and comfortable based on their interests and preferences. One resident was looking forward to a birthday and showed the inspector cards they had received in the post. Eight residents filled out written surveys on their experiences in this centre ahead of this inspection. In these, residents commented that they enjoyed having their own money to spend, being able to hold onto their phones and being supported to stay in contact with their family and loved ones. Residents commented positively on the staff who knew them and took the time to support them to understand decisions being made. Residents said that the house was overall a nice place to live and that they got along with the people living with them, though noted that the house could get loud at times. The inspector observed residents to be comfortable in each other's company, and where residents became distressed later in the day, staff were available to attend to them and try to identify why they had become upset.

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

Capacity and capability

The provider had submitted their application to renew the designated centre's registration, and updated relevant documents, maps, staff complement and room

purpose to reflect a smaller designated centre made up of eight beds across two houses as oppose to the current fifteen beds across three houses.

The provider had composed their annual report for 2023 in which the achievements of the past year and the focus for the year ahead were outlined. The provider used this to set out quality development and positive risk tasking initiatives, to enhance resident autonomy and participation in their community. This included building residents' skills and confidence in taking independent or supported ownership of their day-to-day finances, and pursuing varied and interesting social opportunities off-campus. This also involved setting out staff support protocols and getting all staff trained to support with medicines, to enhance flexibility with which staff could go out with residents at certain times.

The provider had conducted a six-monthly unannounced audit of the quality of the service, most recently in January 2024, which incorporated feedback and commentary from front-line staff, residents, and family members. This report identified the impact of current staffing continuity and set out targets around reducing reliance on contingency staff. Minutes of governance meetings and house team meetings also indicated how the centre team and person in charge were striving to illustrate the impact of same on the team, and on the residents' quality of care, such as last minute changes and frequent interruption of planned staff allocation. Local measures were being discussed to mitigate the impact on an interim basis such as a limit on how many staff members could book annual leave at the same time.

The provider had collated complaints, incidents, accidents and safeguarding concerns, to identify any trends of concern, or patterns which negatively affected the lived experience of residents. Complaints made in or about the service were recorded and observed to not be closed until the matter was satisfactorily resolved.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application to renew the registration of this designated centre along with all required supporting documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked on a full-time basis and was suitably qualified and experienced. They had sufficient protected time to carry out management duties and were appropriately supported by their senior management at provider level. They were knowledgeable of their role and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The centre had a full complement of staff recruited to this centre, and during times of annual leave or extended absences, the provider utilised a combination of relief staff, staff relocated from other designated centres, and personnel deployed from external agencies to cover the affected shifts. However, improvement was required in ensuring that these absences were covered in such a manner as to mitigate the impact on continuity of support from people who were familiar to residents. The inspector reviewed eight weeks of worked rosters, and found more than 70 shifts had been covered by more than 40 different personnel from these contingency resources. Documentation about the residents, commentary in quality audits, and what the inspector observed and was told by staff indicated that it was important for residents to be supported by people who knew them, their preferences, their communication styles and how to effectively respond to their needs and maintain a good quality of support.

In addition, the person in charge and front-line staff commented that the core centre staff members being relocated to other services was a regular occurrence. This was being discussed in management meetings in the context of how this impacted on the staff's ability to effectively deliver resident support in their centre.

While the worked rosters reviewed were clear on the names and roles of staff allocated to work in the centre, some information was not recorded. While a number of shifts indicated that one of the care staff planned to work that day had been relocated to another designated centre, the roster was not clear on which staff had been removed and when. The inspector observed a number of examples of staff recorded as working in one house who had instead done their shift in a different house. Maintenance and accuracy of these worked rosters are required to maintain a complete record of who worked in which location at which time.

Judgment: Not compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management structure for this service was clearly defined, with clear lines of reporting and accountability. The inspector observed examples of how matters of concerns were escalated to local and provider management as required.

This designated centre was subject to a six-monthly inspection by the provider, most recently in January 2024, from which a comprehensive and detailed report was published including measurable and time-bound actions to address service deficits and come into compliance with regulations, standards, best practice and provider policy.

The provider had published their annual report for the service for 2023. This report outlined the key achievements and challenges in 2023 and set out objectives for the year ahead, including training for staff, premises renovations, enhancing options for meaningful community activities, and enhancing resident confidence in leading their activities of daily life. This report reflected on commentary and feedback from residents and their representatives.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of written contracts agreed between residents and the service provider. These contracts were available in a full version and easy-to-read version, and clearly stated the terms and conditions of living in this designated centre. This included breaking down regular and ad-hoc expenses which would be payable by the residents, or covered by their long-stay charges to the provider. The inspector observed evidence that these were being revised to reflect changing circumstances, such as when residents were in receipt of their pension.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider has composed the statement of purpose of this designated centre, and this had been revised to reflect changes made in the service provided in these houses.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

In the case of a period of absence of the person in charge, the Chief Inspector of Social Services had been notified within the requisite timeframe.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

During a period of absence of the person in charge, the provider had submitted information indicating the procedures and arrangements made for their absence to ensure continued oversight and accountability in this centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector observed how complaints made by or on behalf of service users were recorded, and what actions and engagement took place on foot of these complaints. Complaints were observed to remain open until actions were completed and were to the satisfaction of the complainant, and were recorded for future learning and trending.

Judgment: Compliant

Quality and safety

The inspector found this to be a well-run service led by the choices and assessed needs of residents. The provider had implemented and sustained a number of quality improvement initiatives, particularly in resident autonomy and community participation.

The physical environment was overall clean, comfortable and homely. The premises was equipped to contain flame and smoke in the event of a fire and direct a safe exit. Some action was outstanding to ensure that practice evacuation could ensure a safe and timely exit during times of minimal staffing following findings of practice drills and after house evacuation procedures had been changed. The houses were equipped with suitable accessibility features and space to navigate equipment,

including in bedrooms and bathrooms.

The provider was in the process of attaining bank accounts for residents. In the interim, the person in charge had a means of effectively overseeing finances managed by the provider to ensure the residents' income and expenses were accounted for, and to ensure that residents had ready access to their money as and when they wanted it.

Good practices were observed through the day in the management of medicines and clinical stock. Clear records were kept of matters such as residents' healthcare appointments, vaccinations, and access to relevant healthcare services and screenings.

The inspector observed evidence to indicate that residents were encouraged and facilitated to be involved in the local community, go on holidays, engage with hobbies and meet up with friends and family in the community. Plans for 2024 such as reducing reliance on agency staff, training all staff in administering medicine, and ensuring that staff illustrated examples of the effects of last-minute reallocation were all set out to protect these resources and ensure that residents enjoyed meaningful engagement and participation in society.

Guidance was set out for staff on matters such as positive behaviour support, safe eating and drinking, and meeting healthcare needs. Personal hygiene and intimate support plans described the appropriate level of personal support required, and guidance to ensure that this care was delivered with respect to residents' independence and dignity.

Regulation 12: Personal possessions

The inspector observed evidence to demonstrate how the provider was actively liaising with the post office and banks to establish current accounts and payment cards for use by the residents in this designated centre. This would replace the current system by which residents' income and expenses were managed by the provider's finance office. While this work was in progress, measures were in place to ensure that residents had ready access to their financial records and money belonging to them. Where residents wished to maintain a balance of cash on their person or in their private bedroom this was facilitated. The inspector observed a culture by which residents were supported to understand that their money was theirs to use as they wished, and could withdraw as much as they needed to go shopping or pay for their recreational and social outlets. Plans were in place for when bank accounts were established, to support residents to understand how to use their finances and have the confidence to take ownership and autonomy in line with their capacity.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had committed a focus for 2024 to ensuring that residents were afforded meaningful opportunities to pursue social and recreational outlets outside of the campus setting. Recent and upcoming examples of this included residents going to music shows, local pubs and cafés, shopping, art classes, and going on holidays with their family, staff or housemates. Staff told the inspector that residents were supported to do their own grocery shopping and assist with preparing meals in their own kitchens.

Some residents has recently been supported to refresh their bedrooms and were supported to go shopping to choose paint and furniture. Residents were supported to pursue their hobbies in the campus, social hub, and out in their own house garden. A topic of provider governance meetings was to be assured that there was greater variation of meaningful and stimulating activities where elder residents spent more time in their home.

Judgment: Compliant

Regulation 17: Premises

The premises of this designated centre were suitable for the number and assessed needs of residents. The provider had recently reduced the occupancy of the bungalows, and the unused rooms were turned into storage to keep equipment out of living rooms and hallways, and smaller sitting rooms to have a quiet space to break away or receive visitors in private.

The houses were overall clean, bright and comfortable. Staff told the inspector about painting and maintenance work done they had done, as an interim measure prior to the maintenance team carrying out complete decorative and repair works. Residents had safe and unrestricted garden spaces including places to sit out or do gardening work, with one house identified for garden redevelopment in the coming months.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed that routine feeding, eating, drinking and swallowing (FEDS) assessments had been carried out, and where residents were identified as having a choking risk or requiring modified diets, clear guidance from the speech and

language therapist was communicated to the staff team for use when preparing meals and drinks. Each house had its own kitchen and a sufficient stock of meals, drinks and snacks.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped with suitable means to contain the spread of fire and smoke, emergency lighting to guide people exiting, and features to eliminate the need for people to use keys to exit the houses in an emergency. Fire safety equipment and door-closure mechanisms worked where tested, and were up to date on their service and certification.

The provider had conducted practice fire evacuation drills and in the main, staff were familiar with how to support residents to escape safely and to direct the emergency services to the bungalows. However, there had not been a fire drill which simulated a night scenario in which staffing would be at a minimum and residents would take longer to support. Following a practice drill which took longer to complete than was acceptable to the provider, evacuation procedures in one house had been amended. However, this change was not known to all staff and had not yet been practiced to be assured that staff could carry the plan out efficiently.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Practices related to the recording, storage, disposal and administration of medicines were in line with good practice. Prescription instructions and protocols were clearly communicated from the prescriber to the staff.

The provider was in the process of getting non-nursing staff trained and signed off as competent in supporting residents with their medicine. At the time of inspection, five of fourteen staff had completed this process, with others in progress. It was identified as a focus for this year that all staff trained were to be administering tablets and creams, to optimise flexibility of lone-working staff to leave the campus with the residents, and not require nursing support for these daily needs.

Judgment: Compliant

Regulation 6: Health care

Clear and up-to-date records were maintained of residents' health screenings, vaccinations, and appointments with their doctors, dentist, optician or other allied health professionals. Where residents had refused check-ups or treatments this was also documented. Where relevant, the provider was in the process of developing tools to meaningfully capture residents' wishes on their physical, social and religious choices for later life.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of positive behaviour support planning and guidance. Staff were advised on how residents expressed their frustration or anxiety and how to effectively respond to their needs. The person in charge identified examples of where incidents had trended upward and what reasons for this had been identified for learning and plan development. The inspector observed commentary on plans from the behaviour specialist which indicated their opinion on the progress of residents for whom plans had been developed.

Judgment: Compliant

Regulation 8: Protection

Staff were familiar with practices in identifying and responding to incidents of potential or actual safeguarding risk. The provider had commenced safeguarding strategies and investigations in response to allegations of abuse or neglect of residents.

Where residents were in receipt of personal or intimate care, staff guidance was provided to direct staff on how to deliver this support in a manner which respected the dignity, bodily integrity and level of independence of each person. Where financial matters were being managed by the provider, systems were in place by which management could oversee income and expenses and account for the residents' property.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Peamount Healthcare B2 OSV-0005765

Inspection ID: MON-0035313

Date of inspection: 03/07/2024

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A member of the relief panel will be offered a line in the area to ensure consistency. In the event of unplanned absences, familiar staff will be requested from the agency. ADON has met with the nursing admin department and stressed the importance of maintaining accurate rosters. Recruitment is ongoing, with an open vacant line within the relief panel. These measures ensure consistency for residents, allowing for support by people familiar to the resident, and those who know their preferences and communication styles.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night time fire drill will be completed with use of all equipment. Report will be drafted and shared with staff as learning. Resident PEEP will be updated. While waiting on all residents to be at home, and the fire officer available, the PIC is completing ongoing education sessions and a simulated drill.	

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/07/2024
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.	Not Compliant	Orange	31/07/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	31/08/2024

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
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