



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Older Persons Service
Name of provider:	Peamount Healthcare
Address of centre:	Newcastle, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 September 2023
Centre ID:	OSV-0007786
Fieldwork ID:	MON-0039667

## About the designated centre

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

Peamount Healthcare (Older Persons Services) is an independent voluntary organisation which can accommodate 50 residents, both male and female, over the age of 65. Residents are accommodated in 42 single occupancy rooms and four double occupancy rooms. Each bedroom has direct access to the garden, and dining rooms, sitting rooms and quiet rooms are available to residents. The centre is located in Newcastle, Co. Dublin. Residents are admitted under the care of a consultant geriatrician and have 24-hour access to a member of the on-site medical team. Continuing care services are provided to residents with a range of needs, including cognitive impairment, dementia, stroke, physical disabilities and palliative care needs.

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

Number of residents on the date of inspection:	48
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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 19 September 2023	09:10hrs to 16:35hrs	Helena Budzicz	Lead
Tuesday 19 September 2023	09:10hrs to 16:35hrs	Aislinn Kenny	Support

## What residents told us and what inspectors observed

From what residents said and from what inspectors observed, residents were happy with the care they received within the centre, and Peamount Healthcare Older Persons Service was a nice place to live. On the day of inspection, one resident was observed sitting in their room peacefully, watching a bird on the lawn just outside their patio doors. The overall feel of the centre was one of peaceful surroundings and a calm environment.

The centre had wide accessible corridors decorated with pictures of familiar landmark sites, and there were various indoor plants throughout the centre that provided a spacious modern feel to the centre. The centre was arranged so that most areas looked out onto a communal garden and courtyard space where residents had each planted flowers and shrubs to admire. Each resident's room had a garden view or green space view outside their window. The residents' rooms were seen to be bright and spacious, with personal decorations and photographs on display.

Inspectors observed that residents were provided with sufficient storage, and each had a lockable space for their personal possessions. Residents spoken with on the day expressed satisfaction with the laundry services available to them.

Inspectors observed most residents choosing to stay in their rooms, with some residents gathering in the communal spaces to watch television or sit and relax together. Each resident's room had a small item displayed on their door that provided an insight into their personal interests. There were small breakout areas in the corridors with a table and chairs that facilitated residents to sit and observe if they wished, read, or play chess. Staff were observed on the day of inspection responding to residents' needs in a timely manner, and call bells were answered promptly. Interactions between staff and residents appeared friendly and easy-going. There was safe, unrestricted access to outdoor areas for residents to use.

The dining rooms also had a garden view. Meals were served in the dining room to residents sitting at tables. On the day of inspection, residents were observed quietly eating in one dining room, with little interaction. There was a more relaxed and jovial feel in the second dining room, with music playing and staff and residents chatting. Pictures of a resident's party and activities were on display in both dining rooms, along with fine bone china used for coffee mornings on display also. Inspectors observed on the day of inspection that there was not enough room in the dining room to accommodate a resident who needed assistance with their meal. As a result, the resident was brought back to the day room to receive their meal with one other person. Furthermore, communication with residents in the Mountain View unit was not always respectful, person-centred and upholding resident's dignity, as inspectors observed staff using pet names for residents or engaging in an infantilising manner using expressions such as 'Be a good boy' or 'You are my

baby'.

Residents' feedback about the quality and quantity of food provided was overall positive; one resident expressed displeasure about their dessert on the day; however, the resident acknowledged their main meal and the food, in general, was good.

From speaking with activities staff, there was evidence that a variety of activities had previously taken place. Pictures of these were shown to inspectors. Inspectors were told residents were facilitated to go out on their own if they wished or with a staff member. Group activities were organised for meals out and walks in the countryside. Residents could walk in the green areas around the centre and visit horses in the adjacent fields. On the day of inspection, inspectors observed bingo and pampering sessions taking place in the day rooms.

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 the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that the centre was well-resourced with an established governance and management structure in place. Inspectors observed a number of areas of good practice, including for example, oversight of the training matrix, staffing levels or completion and implementation of audits. However, some areas for improvement were identified on the day of the inspection, which are discussed under relevant regulations in this report.

This was an unannounced risk inspection carried out over one day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The provider of this centre is Peamount Healthcare, and a voluntary Board of Directors governs the centre. The person in charge facilitated this inspection and demonstrated a good knowledge of residents living in the centre.

There was a clearly defined management structure in place that identified the lines of authority and accountability. A variety of audits had been carried out with appropriate action plans developed to inform quality improvement. There was evidence that the improvement actions identified were implemented and reviewed to ensure that all improvements in the service were completed. However, a review of the systems supporting residents' rights and meal and mealtime experience was required, as discussed under Regulation 23: Governance and management, Regulation 9: Residents' rights and Regulation 18: Food and nutrition.

Inspectors found staffing levels in the service were adequate on the day of the

inspection and observed nurses and care staff assisting residents in their rooms and in communal areas throughout the day. The training matrix indicated that staff received training appropriate to their various roles.

The annual review for 2022 was available and included a quality improvement plan for 2023.

Policies and procedures were available, which provided staff with guidance about how to deliver safe care to the residents.

A number of gaps were found in the directory of residents, which did not include all the information required, as discussed under Regulation 19: Directory of residents.

### Regulation 15: Staffing

Staff were supported and facilitated to attend training relevant to their role, and all mandatory training, as required by the regulations, had been completed.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role, and all training relevant to their roles and responsibilities, as required by the regulations, had been completed.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of the residents was maintained on an electronic system. From the sample of records reviewed on the day of the inspection, the directory of residents did not contain all the information required by Schedule 3 of the regulations. For example:

- The marital status was missing for two residents.
- The Next of the Kin information was missing for one resident.
- The information about the resident medical practitioner (GP), address, and phone number was missing for all residents.
- The date of discharge for a resident who was no longer residing in the

designated centre was also not available.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems with respect to oversight of staff practices needed a full review to ensure a high standard of quality care was consistently provided in all units and that each resident was treated with dignity and in a person-centred manner. Notwithstanding the many examples of positive engagement observed in some areas, inspectors also observed a paternalistic and task-focused culture in some of the units where staff did not engage with residents in a person-centred manner. Furthermore, a review of the meal and serving experience was required, as further described under Regulation 9: Residents' rights and Regulation 18: Food and nutrition.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available and updated within the prescribed time frame.

Judgment: Compliant

## Quality and safety

Overall, residents reported feeling content and stated that they felt safe living in the centre. Residents' health and welfare were maintained by a satisfactory standard of evidence-based care. However, improvements were required in the areas of care planning and to ensure that the rights of all residents were upheld.

Staff appeared to be knowledgeable about the residents' communication preferences, and this was evident in the majority of the residents' care plans. However, two residents with communication support needs had no communication plan documented in their care plans.

Inspectors found that there were areas of care related to residents' nutrition needs that were not documented in residents' care plans. Inspectors also observed some poor hygiene and care practices during dinner service, which required review, as

discussed further under Regulation 18: Food and Nutrition.

Copies of transfer letters were maintained on site for occasions when residents were temporarily transferred to a hospital to ensure residents could be cared for in line with their assessed needs.

The residents' laundry was laundered on campus and returned individually to residents, and each resident was allocated a key-worker who was available to clean and tidy wardrobes if desired by the resident. There was also a labelling system for residents' laundry and records relating to laundry procedures. These were reviewed on the day, and inspectors noted a log was kept of laundry in and out of the centre per resident.

Inspectors reviewed information made available to residents and observed an accessible, comprehensive document. There was evidence of independent advocacy services promoted through this and other documents on display. Nevertheless, there were a number of issues found that impacted on residents' rights, and these are further outlined under Regulation 9: Residents' rights in this report.

### Regulation 10: Communication difficulties

The inspectors reviewed residents with communication difficulties and found that two residents with hearing and visual impairment did not have suitable communication care plans to support staff in the safe care delivery and to ensure that residents were supported to communicate freely.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on the campus site and returned to them. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 13: End of life

A sample of end-of-life care records reviewed showed evidence that the (GP) and

palliative care team were actively involved in end-of-life care where necessary.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 9: Residents' rights

The following required to be addressed to ensure residents' rights were promoted in the centre:

- The inspectors saw that in the Meadow View unit, some residents did not have access to a main dining room for meals. The staff members in the dining room said that the room was full and, therefore, some residents remained in the day room sitting on their own. The systems in place required review to ensure each resident's rights were upheld.
- There was limited communication between staff and residents in the Meadow View unit during meal times. The staff members proceeded to perform tasks such as putting on clothes protectors or assisting residents with meals without asking permission, seeking consent or any other meaningful social interaction.
- Staff did not always support residents' right to privacy and dignity when providing personal care to residents. For example, the blinds in the resident's bedroom were left open when staff proceeded with the manual handling

procedure and personal care for residents.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

While some of the care plans regarding nutrition viewed by inspectors were generally comprehensive and reflected residents' needs and required support, improvements were required in others. For example:

- There was no care plan for one resident to support their eating and drinking needs.
- While a specialised diet and modified fluids were prescribed by a Speech and language therapist (SALT) for a resident with swallowing difficulties, this recommendation was not reflected in their care plan.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A number of end-of-life plans seen by the inspectors had not been reviewed or updated within the four-month period set out for the review of care plans. Some of the care plans were not personalised, reflecting residents' wishes and preferences.

Judgment: Substantially 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for Peamount Healthcare Older Persons Service OSV-0007786

Inspection ID: MON-0039667

Date of inspection: 19/09/2023

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The directory of residents is currently being reviewed and updated. It will include details of the treating Consultant in Peamount Healthcare, NOK details, marital status, and all discharge dates of residents. Going forward this will be completed for all residents on admissions and discharge.</p>	
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>Training for staff on the unit has commenced in elder speak training with Older Persons CNS and staff are currently being scheduled for rights-based training on HSEland. This is aimed to eliminate paternalistic, and task focused cultures observed during inspection. This is a regular agenda for staff meetings. This will be monitored and audited by the Person in Charge and CNMs within the units and will be ongoing. The CNS in Older Persons will continue to support staff and managers of the unit with training and development for Older Persons.</p> <p>Part of the day room is assigned for resident dining should space be limited in the dining area. Staff will support residents to have a positive dining experience. The PIC and CNMs along with pantry staff, are reviewing table décor and personalisation of the dining experience in Mountain View and Meadow View</p>	

Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>A. All residents Care plans will be reviewed in relation to effective communication interventions that staff can support residents with safe care. All care plans will be reviewed and audited to ensure person centeredness.</p> <p>B. Safety pause will reflect residents with communication difficulties which are discussed with staff daily.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• To uphold residents' rights there is a permanent table in the day room set up for mealtimes so that all residents have a pleasant meal and serving experience. Staff will ensure that residents are not alone in the day room dining area and residents are supported to be split between both dining areas with staff support. Staff responsible for the dining room have received training in relation to effective and appropriate communication techniques to uphold residents' rights.</li> <li>• Staff have been reminded of the importance of seeking permission and/or consent prior to commencing any care with resident and this will be implemented with immediate effect.</li> <li>• Staff meetings to include reminders to all staff of the importance of effective communication with residents during every interaction and delivery of care.</li> <li>• Support will be sought from Speech and Language Therapy, OT and activity coordinators for meaningful activities with residents.</li> <li>• Staff were reminded to uphold the privacy and dignity of residents while attending to personal care including paying particular attention to closing the blinds on the residents room.</li> <li>• Staff meetings, daily huddles, handovers (safety pause) will highlight the importance of respecting the privacy and dignity of residents. All staff will complete rights-based approach training in HSEland.</li> <li>• Quality walks are completed by the management team on the unit to ensure quality and safety is maintained.</li> <li>• The PIC / CNM will monitor quality and safety of care on an ongoing basis.</li> </ul>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All care plans for food and nutrition will be reviewed by the 30/11/2023 and any recommendations from Speech and Language Therapy or Dietetics will be discussed at handovers. Nurses will update these recommendations in the care plans with immediate effect. The PIC and CNMs will audit and monitor this regularly.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All end of life and resuscitation care plans will be reviewed within the four-month period and include residents wishes and preferences and to ensure they are personalised to each individual resident. The Palliative Care, Clinical Nurse Specialist will support staff with care plan development for end-of-life care.</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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	31/01/2024
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the	Substantially Compliant	Yellow	30/11/2023

	resident concerned.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2023
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and	Substantially Compliant	Yellow	31/12/2023

	ability of each resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2023