



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:	Announced
Date of inspection:	02 November 2023
Centre ID:	OSV-0005386
Fieldwork ID:	MON-0032935

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:	9
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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
Thursday 2 November 2023	09:30hrs to 17:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Centre A1. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre comprised of two bungalows, one with an attached apartment for one resident and a small lodge located in close proximity to the two bungalows on a large campus in West Dublin. The inspector visited all of the houses that make up this designated centre during the course of the inspection. The houses visited by the inspector were found to be clean, homely and decorated in line with residents' personal preferences. The person in charge had a schedule in place for yearly upkeep of the centre due to general wear and tear caused by equipment required by residents in the centre. The inspector found that each house within the designated centre had ample living space for residents, one house had a sensory room equipped with lights, sensory activities and soft furnishings. Each house had access to a garden area which was fully accessible to each resident and was well maintained with benches, tables, chairs and a BBQ for the warmer summer period.

The centre had access to one vehicle full time and also availed of a rental car in order to support residents in community activities. Through review of residents' questionnaires, one resident had highlighted their wish to access the community more regularly, however the resident could not presently avail of public transport due to current assessed needs and would benefit from further access to centre-based transport.

There were nine residents living in the designated centre on the day of the inspection and the inspector had the opportunity to meet with eight of the nine residents living there, due to their communication needs and preferences, some residents did not verbalise their opinions on care and support in the centre. In addition, six residents completed the questionnaires in relation to support in the centre prior to the inspection. Residents received assistance from staff in completing the questionnaires. The information in these questionnaires presented that residents were happy in their home, that they felt they had support to make decisions and that the staff team were kind. As previously discussed, one resident noted that it was difficult to share transport within the centre in order to access the community. The inspector found that this was discussed regularly at residents' meetings with the resident expressing their dissatisfaction at the amount of times they had access to transport each week.

One resident also discussed that at times their home can be loud due to other

residents but that they are happy living in the centre and that they get along well with the other residents. The resident also noted that they enjoy a number of activities both in the designated centre and in the local community. The resident enjoys attending the providers day centre and enjoys the pottery class when there. The resident also enjoys activities in the local community such as afternoon tea, meals out and shopping trips. The resident discussed that they like to make sure they do an activity everyday even if it is something small.

One resident indicated in their questionnaire that they love having their own space and privacy and that their home is perfect for them. The resident noted that they get out most days. The resident also noted that at times the transport is restricted as the centre transport is shared access across the centre. The resident noted that even on days where they do not have transport staff will help them to do something small, which they felt was great. One resident told the inspector that they like to help in their home and that have identified jobs that they carry out each day. The resident told the inspector that they cook their own meals and shop during the week to make sure they have the right ingredients. The resident told the inspector that they are very happy in their home and that the staff are always very helpful.

The inspector spoke briefly to one resident as they were getting ready to go for an activity with staff. The resident told the inspector that they were very happy in their home. The staff informed the inspector that the resident requires support with their communication needs but that with time and support using their communication system or known phrases they will communicate their wishes to staff. Support staff informed the inspector that the resident has a wonderful sense of humour and always wants to be part of activities both in the home and in the local community.

One resident showed the inspector their bedroom which had been recently decorated. The resident was happy with the choices they had made in relation the painting and the personal items which had been hung and placed around the bedroom.

The inspector met with one resident who was supported by the person in charge, the resident said that they like their home but that they would like to have access to a power wheelchair. The person in charge spoke to the resident about the multi-disciplinary supports and assessments that are currently taking place in order to support the resident should such equipment be necessary. The resident recognised that the person in charge and support team had completed a number of discussions with them in relation to the review process. The inspector found that support staff and the person in charge were acutely aware of the changing needs of the resident and the impact that this was having on their overall well being. The inspector found staff to be supportive and respectful to the resident at all times during their communication in order to ensure that they could discuss how they found living in the centre with the inspector.

The next two sections of the report present the 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 purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local governance and management supports in place. However, improvements were required in relations to staff, transport resources and the input of residents and their representatives in the providers annual report.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff. The inspector found that the provider had incorporated a sample of resident and family views and opinion on the care provided in the centre in the six monthly unannounced audit in the centre. The person in charge also conducted regular house meeting with resident and it was found that the management systems in place ensured that a safe service was provided in the centre which enhanced residents' quality of life. On review of residents meetings, questionnaires and discussion with support staff the inspector found that at times residents could not access the community due to lack of transport.

A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was evidence that the person in charge had completed risk assessments based on residents' changing needs as appropriate and that the provider had responded by allocating additional staffing with the required skills and qualifications. For example, the provider had increased the staffing allocation to the centres whole time equivalence in order to provide two-to-one support for a resident based on their current assessed needs, which was reflected in the centres statement of purpose.

The centre was operating with four whole time equivalent staffing vacancy at the time of inspection. The service provider was endeavouring to ensure continuity of care for residents by covering this through regular staff and identified agency staff. The provider had ensured that when agency staff were in place on the roster that they worked alongside regular staff within the centre. The inspector also acknowledged that the current staff vacancies incorporated the providers recent increase in the centres whole time equivalence due to residents identified changing needs. The provider had also undertaken a number of recruitment campaigns in an attempt to fill the vacancies within the designated centre.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was

available as required and staff had received training in additional areas specific to residents' assessed needs.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

The provider had suitable arrangements in place for the management of complaints. An accessible complaints procedure was available for residents in a prominent place in the centre. There was evidence that complaints were discussed at weekly resident meetings and that residents had been assisted to make complaints which were completed to the residents satisfaction. There was also evidence that residents had been supported to access external advocacy services when required.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The qualifications and skill mix of staff were appropriate to the number and assessed needs of the residents. The provider had responded to residents' changing needs by increasing the whole time equivalent of staff to provide an individualised service with the support of two staff to one resident who required this.

The centre was operating with four whole time equivalent vacancies and the time of the inspection. These positions were filled by a panel of regular relief and agency staff which somewhat supported continuity of care for residents. The provider had completed a number of recruitment campaigns in an attempt to fill the vacancies within the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas such as safeguarding, fire safety and medication management. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as dysphagia training.

Judgment: Compliant

Regulation 21: Records

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff.

The inspector found that although the centre had access to one bus in a full time capacity and a second rental car not all residents were accessing community activities in the manner they would wish. On review of one residents activity record they had completed a community based activity once in the month of October and twice in the month of September. The resident commented in both the questionnaires completed for the inspection and through weekly house meetings that would like greater access to transport in order to enjoy community engagement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The complaints log was reviewed on the day of inspection. The inspector found that the person in charge had good oversight of the complaints made within the centre and ensured that complaints were followed up in a timely and satisfactory manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval. The inspector also found evidence that policies were discussed regularly at staff team meetings and that they had been signed by staff members to indicate that they had been read.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces for residents to avail of. Each resident had their own bedroom which was decorated in line with individual tastes with family portraits and pictures of hobbies, holidays and sports teams on display. Residents had televisions and music players in their bedrooms. Each of the houses in the designated centre had access to an accessible garden which were equipped with benches, table and chairs. The person in charge had incorporated a schedule of maintenance work within the centres quality enhancement plan due to general wear and tear from use of a number of equipment required by residents.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents were supported to manage their finances as independently as possible with support in place for each resident who required assistance with financial management.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed showed that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference

Residents' health care needs were well assessed, and appropriate healthcare was

made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspector found that the person in charge was promoting a restraint free environment within the centre. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. The centre had been recently refurbished and the inspector found that residents bedrooms reflected their personal tastes and interests.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine

basis in the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. The person in charge had completed a risk assessment and assessment of capacity for each resident. This was reviewed regularly with residents in line with their preferences. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to general practitioners, hospital consultants and allied health care professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

The provider had introduced an additional two staffing to the centre whole time equivalent based on residents' assessed needs and behavioural support guidelines in order to improve residents lived experience in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Centre A1 OSV-0005386

Inspection ID: MON-0032935

Date of inspection: 02/11/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection was completed, the Centre has unfortunately had a resident that died. This resident had a staff ratio of 2:1 at all times and now the staff previously allocated to support this resident have been reallocated to cover the identified vacancies. There has been a significant reduction in the requirement for any agency/relief staff and there are familiar staff supporting residents to ensure they receive high quality of care. Also, there is now good continuity of care as residents receive support from familiar staff that are aware of their required supports.</p> <p>The organization continue to hold recruitment days to fill vacancies, currently the HSE embargo on recruitment is in place, where possible we will seek exemptions to the embargo through the HSE for vacant posts.</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>There was a resident that requested to engage with more community interactions and to go out and about regularly, this had not been always possible due to behaviour of concern and safety concerns that arose as a result. The resident was supported to access internal transport on a booking system, staff continued to work with the resident in planning and arranging trips and days out at the residents wish. Since the time of inspection this resident has died, the day prior the resident enjoyed a trip to do some shopping, buy some Christmas gifts and enjoy lunch out.</p> <p>Residents are supported to engage with their community as they choose and are supported to go out and about as requested and these activities are regularly discussed during the resident's weekly house meetings and monthly key worker meetings and rosters allocated to support activities. Residents also avail of activities at the Wellness centre during the week. Access to internal transport is available and booking is coordinated with the residents to ensure availability for planned trips.</p>	

The annual review will include consultation with residents, their representatives and staff, these consultations will be recorded in areas relevant to this in the annual review template.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2023
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.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	31/03/2023

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	07/03/2023
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	07/03/2023