

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Peamount Healthcare
Centre ID:	OSV-0000468
Centre address:	Newcastle, Co. Dublin.
Telephone number:	01 6010 300
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Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Suzanne Corcoran
Lead inspector:	Leone Ewings
Support inspector(s):	Emma Cooke
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 April 2017 09:30	04 April 2017 17:00
05 April 2017 09:00	05 April 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was the eighth inspection of Peamount by the Health Information and Quality Authority (HIQA). The inspection was undertaken to review compliance with the conditions of registration, monitor levels of compliance and following receipt of an application for renewal of registration. Unsolicited information and notifications received were also considered as part of this inspection.

There are 49 registered beds in the centre in two separate units. The majority of residents living in the centre were assessed as of high or maximum dependency. Inspectors also reviewed pre-inspection questionnaires received as feedback and spoke with residents and relatives throughout the inspection. The inspectors observed care practices and reviewed records including nursing and medical records, accident and incidents, complaints and staff-related records. The inspectors also reviewed the premises, and met with management and staff members.

Systems were in place for the ongoing review and monitoring of care and services. Arrangements were in place to meet the health care needs of residents and activity provision had improved since the last inspection.

Similar to findings on previous inspections the premises was found to be significantly non-compliant with regulatory requirements. The premises did not meet the individual and collective needs of residents in terms of their privacy, personal space, storage or personal property. This had a significant negative impact on the quality of life of residents who resided in the centre. The findings on inspection are set out in the following report.

As a consequence of the prevalence of multi-occupancy rooms, and ward-like layout the two units at the centre appeared institutionalised. Plans to address the outstanding non-compliances in terms of provision of a new purpose-built centre had been submitted to the Chief Inspector on 19 November 2014, due for completion by 1 April 2017. The provider had notified HIQA that the plans would not be completed by the original agreed date.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose dated July 2016 was submitted as part of the registration renewal process. This document detailed the aims, objectives and ethos of the service. Details of the range of needs of residents that the centre does not cater for were also detailed, and included any resident at risk of absconding behaviours. However, the range of needs for residents it was designed to meet was not fully specified and required review. Additionally, condition 8 of the current registration, relating to the requirement to reconfigure the physical environment was not outlined in the statement of purpose.

The inspectors discussed this with the provider and person in charge and requested that they review and update the statement of purpose in order to fully meet Schedule 1 requirements.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The management team had changed since the time of the last renewal of registration. The details of these changes of provider and person in charge had been notified formally in line with requirements of the regulations. The person in charge also worked as the acting director of nursing on-site for the wider campus. She is supported by the chief executive officer appointed on 12 December 2016, who in turn reports to the board of management.

Overall, management systems were found to be in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistently and effectively monitored. The annual quality and safety review for 2016 had been drafted with feedback from residents which informed practices and quality of life at the centre. However, as outlined in this report some areas for improvement were identified.

There was a clear management structure in place as outlined in the statement of purpose. The management team included the provider who works as the chief executive officer, and the person in charge. The person in charge was fully supported by the provider who is available each day in the centre. Two senior nurses including the assistant director of nursing assists the person in charge in managing management and clinical aspects of care and also deputise for her when required.

The inspectors found there is a robust system in place to conduct audits, analyse data and action any findings. A review of the risk management policy has taken place since the time of the last inspection. The inspectors were informed that a schedule of clinical audits was implemented within the centre. The methods of obtaining feedback from any planned audits could be evidenced from the records reviewed. Clinical audits included hand washing, nutrition, falls and resident incidents. The centre operated a restraint-free policy and was moving towards compliance with national policy. Audits were also conducted to monitor the number of residents with weight loss, pressure ulcers and medicines management audit informed practice.

The inspectors were satisfied that the centre is sufficiently resourced with appropriate staff, and systems were in place to monitor the quality of care delivery. However, there had been a failure by the provider to progress and action a condition of registration to improve the premises by the original agreed timeframe, with poor outcomes for residents living at the centre.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed a sample of residents' contracts and found that each resident had a contract in place. However, residents' contracts reviewed did not clearly set out the fees being charged. However, inspectors found that information about individual fees payable was available in the centre. The provider and person in charge agreed to review and address this matter at the time of the inspection.</p> <p>Inspectors also reviewed the resident's guide which was user friendly and available to residents in accessible format. The resident's guide outlined the services and facilities available, the procedure for receiving complaints and the arrangements for visits. Inspectors noticed that the guide required some improvement in order to clearly outline the terms and conditions in place for each resident.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 04: Suitable Person in Charge</i> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge had not changed since the time of the last inspection, she is a registered nurse with management qualifications, and works full time within the centre. The person in charge had been assessed previously by HIQA and she was deemed to have the required skills, knowledge and experience to hold the post of person in charge.</p> <p>She was knowledgeable about each resident's nursing and social care needs. Evidence of her continuous professional development was up-to-date.</p>
<p>Judgment: Compliant</p>

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that the action relating to the directory of residents on the last inspection had not been fully addressed. Improvements were required to ensure the information available for residents was in line with the requirements of the regulations. Inspectors reviewed the directory of residents which was in electronic form. This did not meet the requirements of the Regulations as it did not include the cause of death of residents. Staff spoken with identified that it was kept on a separate data base system. This was previously found on the last inspections and was discussed again with the person in charge on the day of inspection.

Inspectors were satisfied that the records listed in Schedule 2 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The schedule 3 records maintained of personal property and personal items belonging to residents required improvement.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. However, the following policies had not been reviewed at 3 year intervals;

- the creation of, access to, retention of and destruction of records
- the use of restraint

Staff reported that these policies were actively under review at the time of the inspection.

Following the inspection, the centre sent in evidence that the centre is adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for a nurse to deputise for the person in charge in her absence.

The provider has recently notified and was in the process of submitting the required information for a new deputy manager, participating in the management of the centre. The deputizing arrangements in place were found to be clearly outlined in the statement of purpose and confirmed on inspection.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy in place to guide staff, and they had received appropriate training in this area. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre. Staff were guided by a written detailed policy on the protection of vulnerable adults in

place. All staff had received safeguarding training on commencement of employment, and a record of up-to-date safeguarding training and refreshers was maintained. Care and communication was observed to be person-centred.

A policy on the management of responsive behaviors was in place that guided practice was in place. Supportive care plans were developed and in place to inform staff and guide practice where required. The findings were that evidenced-based tools were utilised to monitor behaviours. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff carefully considered and documented the rationale for use of any psychotropic medication.

The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. A notification had been submitted which related to responsive behaviours, on one unit. The provider action was followed up by inspectors during the inspection. Details of the follow-up from this incident were discussed with inspectors, and a clear plan was in place to mitigate against recurrence. A multi-disciplinary team approach had been put in place, with additional staffing put in place. However, records shown to inspectors described further incidents, where the responsive behaviours were not always effectively being managed within the positive behavioural care plan in place. A full care review was requested by the inspectors, as the centre was operating outside its' own defined statement of purpose, and the environment mitigated against accommodating residents with responsive behaviours safely.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge followed policy in that a comprehensive risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. The quarterly reports submitted by the person in charge could demonstrate that bed rails usage varied between the units. Where the use of bedrails had been risk assessed an up-to-date risk register was also in place. Evidence of the use of alternatives including the use of ultra-low, low-low beds and sensor mats were found. Assessment documentation with any alternatives trialled were fully evidenced by the person in charge to support this approach.

Resident property accounts were in place for three residents at the centre, where the provider acted as the pension agent. Some additional residents were supported to maintain their own finances independently. Administrative and accounts staff maintained clear and transparent records reviewed by inspectors. Access for residents to their funds to obtain comforts and other items was fully facilitated by staff and records available for review. The policy on residents private property accounts was fully implemented and records kept up-to-date. For example, residents were supported to ordering their newspapers and go on family outings.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The risk management policy now fully met the requirements of the regulations to inform and guide staff, and had been reviewed in 2017. An up-to-date health and safety statement and risk register was available, and reviewed by inspectors. The safe systems in place outlined in the risk management policy to manage the specific and potential risks in the centre were found to be overall well implemented. For example, analysis and trending of incidents and accidents took place to inform and guide staff. Nonetheless, the environmental review identified risks associated with multi-occupancy areas, and poor storage arrangements at the centre. Further risks identified on this inspection were included in feedback given to the provider who agreed to action these risks:

- risks associated with electrical cables hanging above wash-hand basin
- review risks associated with the storage of moving and handling equipment in communal spaces

Satisfactory arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced and fire exit signage was found to be in place. On the day of the inspection inspectors met with staff who each had identified responsibilities in terms of fire safety as fire wardens. Staff were well trained and knowledgeable about evacuation procedures.

The procedures to follow in the event of discovering a fire or on hearing the alarm were displayed around the building. Staff were aware of each residents mobility, and any requirements for support in an emergency evacuation. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building. The centre layout and instructions were visible to residents staff and visitors to the centre. Since the last inspection a notification had been made where an evacuation of one section of a unit had taken place when the alarm sounded at night-time. Inspectors found that this was managed well by the provider, and the response was evaluated as part of overall learning from the incident.

Staff had completed annual refresher training in fire safety procedures. Records indicated fire drill practices were completed four times a year. Routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closers were operational and fire fighting equipment was in place and intact.

There were clear procedures in place for the prevention and control of infection and all areas within the centre was visibly clean and hygienic. Hand testing indicated the temperatures of radiators and taps dispensing hot water did not pose a risk of burns or

scalds. Hand gels for disinfecting were located and available in each unit, and at the front entrance. Staff were observed practicing hand-hygiene and hand-wash basins were provided for use in the centre. Nonetheless there were some areas for improvement noted by inspectors during the inspection. For example, the electrical equipment and cabling seen above hand-wash basins in the multi-occupancy areas needs review. Additionally, the proximity, location and spacing of beds in some clinical areas needs review to ensure that the risks associated with any outbreak could be managed to control and reduce spread any healthcare-related infections.

Falls and incidents were documented and audited. In the sample of accident report forms reviewed, vital signs for residents were checked and recorded and the resident's next of kin and medical officer were informed. Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet each resident's needs and safe practices were observed by inspectors. Staff were able to explain the steps they followed in the event of someone having a fall, and this was in line with the centres policies and procedures. Any fall or incident triggered a review by a comprehensive clinical and nursing review. This review included elements of best practice around bone health, mobility, safety awareness, social and falls prevention strategies.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were protected by the designated centres' policies and procedures for medication management.

Inspectors reviewed a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medications that required crushing were prescribed as requiring same. Additionally, further instructions for certain medications had been documented on prescriptions by the pharmacist. Residents medication records also contained records of communications with the pharmacist. For example, staff requesting specific guidelines and information on the preparation of medication had been provided with clear directions on how to prepare, dissolve and administer the medication.

Medications used in the management of diabetes and epilepsy had clear guidelines to

support staff in the safe administration of the medicines. Inspectors reviewed practices around PRN (as required) psychotropic drugs and found that residents requiring these drugs had a pathway outlined to support a standardised approach to administration. Nursing notes reviewed demonstrated that the steps had been followed prior to the administration of the drug. The frequency and use of these drugs were closely monitored and evaluated at a multidisciplinary level.

Inspectors observed nurses administering medication to residents. Medications were kept in a locked treatment room and only nurses can administer medication to residents. Nurses wore a red apron that signified a medication administration was taken place and where possible, nurses should not be interrupted during this time. Inspectors found that staff adhered to appropriate medication management practices and processes in place for handling medication were safe and in accordance with current guidelines and legislation.

Inspectors reviewed practices around medications that required strict control measures (MDAs). These medications were kept in a secure cabinet in keeping with professional guidelines and nurses maintained a register of these medications. Inspectors reviewed records which demonstrated that the stock balance was checked and signed by two nurses at the change of each shift.

At the time of this inspection, no resident was self administering medication, However, systems were in place to support residents that may choose to self administer and assessments were in place to enable staff to support residents to self administer.

Systems were in place for reviewing and monitoring safe medication management practices. A medication audit was completed in March 2017 and actions generated from audit findings had been followed up on with all disciplines involved. Changes had been implemented and staff reported that the changes were having a positive outcome for both residents and staff.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and notified where required to the Chief Inspector.

The person in charge and his deputy was familiar with the incidents that required notification in three working days, along with a report of specified incidents to be made every three months.

There was a clear system to record, report and review all incidents in terms of clinical governance.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, inspectors found some of the health and social care need findings from the previous inspection had been addressed. There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing, medical and social care. Further improvement was required to ensure that advice from allied health professionals was implemented into care plans and that care plans reflected residents and family involvement.

Residents had regular access to 24 hour medical cover from within the centre. Residents had access to a range of multidisciplinary services who were employed by the centre. Physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietetic services had regular input and social work services were available on a referral basis. The centre also availed of a clinical nurse specialist for old age. The inspectors noted the referral requests and the ongoing reviews and treatment plans from these services in residents files.

Staff spoken with were familiar with the assessed needs of the residents. The arrangements to meet residents' assessed needs were set out in individual care plans. A number of core risk assessment tools to check for risk of deterioration were also completed and care plans were in place for assessed needs such as skin integrity, falls prevention and nutrition. However inspectors found that some residents health care needs had not been comprehensively assessed or explored following a change in the

resident's health care status. Care plans did not outline the supports required to maximize residents quality of life in accordance with their wishes.

Care plans in place for aspiration pneumonia included interventions to reduce or prevent the risks of aspiration. Additionally care plans in place for the provision of care for assessed needs such as PEG (percutaneous enteral gastrostomy) care and epilepsy provided detail to guide staff in all aspects of care required in these areas. The detail in care plans also reflected the centre's policies in place.

Inspectors reviewed a sample of care plans in relation to behaviours that challenge as this required improvement from the previous inspection. Care plans in place identified triggers to behaviours, strategies to manage behaviours and pathways to de-escalating behaviours. Behavioural record charts were maintained and regularly reviewed at multi-disciplinary meetings. However, it was noted that triggers to some behaviours that challenge such as 'noisy environment' and 'lack of privacy' could not always be avoided due to the layout and design of the building.

Residents had a 'meaningful activities meeting' documented in their care plans and an activity checklist was carried out for residents to assess for ability, past hobbies and interests. Activities were planned in conjunction with the residents key workers and recreational therapist for the residents based on these indicators and progress was evaluated every three months at these meetings. These meetings consisted of a multidisciplinary approach with nurses, occupational therapists, physiotherapy and speech and language in attendance.

Weekly activities were displayed on a board in the centre and some residents spoken with stated they enjoyed the range of activities available but acknowledged more time was needed to be spent with residents at an individual basis. The activities record book demonstrated that three to six residents were being facilitated with one to one activities on a daily basis. Other group daily group activities involved residents going to mass, going for walks, attending the internet café, baking, availing of mobile library and attending afternoon tea with family members. A music group was in the centre on the day of inspection and many residents were in attendance.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As identified at a number of previous inspections the current premises were not suitable for the purposes of achieving the aims and objectives set out in the statement of purpose and do not fully meet the requirements of the Regulations and our Standards. This was discussed with the provider and person in charge during the inspection and both were aware of the requirements of the Regulations and Standards in this regard.

The beds were arranged in ward style bays with insufficient space for residents. The safe use of assistive equipment such as hoists was somewhat restrictive. Residents and relatives gave inspectors feedback on the lack of space which affected their rights to privacy and dignity. Residents and relatives spoke to the inspectors and while some people were positive about many aspects of the centre and service, others were looking forward to the proposed future development of the new-build. As outlined in outcome 7 some aspects relating to responsive behaviours in a communal environment negatively impacted on other nearby residents in terms of noise and observing other residents who were sometimes restless.

There was insufficient storage space for equipment and some equipment was seen stored behind screens in the sitting area and in unoccupied rooms. Two seating areas were provided on each unit and although sufficient in size, these were used for other purposes as well, such as storage for equipment and physiotherapy sessions. A smaller private sitting room was also provided for residents or visitors. A single room had been set aside on each unit and was used as needed, for example, for end-of-life care or management of specific infections. There were a sufficient number of wheelchair accessible toilets, showers and specialised baths for residents use. However, access to the toilet and bathroom areas was through the day room.

There were centrally located dining areas in each unit which were bright and comfortable. The designated smoking areas were located off the dining rooms. Safe and secure accessible garden space was also available to residents with an enclosed garden directly accessible from one of the units. The extensive external lawned garden areas had suitable seating areas and rural views. Many of the residents commented that they enjoyed looking out at the grounds and spending time outside when the weather was nice.

General improvements with outdoor seating and level access pathways in the grounds was noted by inspectors at this inspection. A coffee-shop/canteen area was in place near the main house on the grounds and was used by residents and visitors. Residents visited the church on the grounds for religious services.

The inspectors noted that some improvements had taken place since the last inspection including the general maintenance and plumbing of radiators and fire maintenance. The buildings were found to be clean and bright and were hygienic. Staff had continued to create as homely an atmosphere where possible given the limitations of the building.

Residents had personalised their own bed spaces with photographs, mementoes and displayed some of their artwork, although personal space was limited in multi-occupancy areas.

Appropriate assistive equipment was provided to meet residents' needs such as hydraulic hoists, seating, specialised beds and mattresses. Service contracts were in place and maintenance records for equipment were up to date. A new ceiling track hoist had been put in place in one shower room.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors confirmed that any complaints that occurred in the centre were listened to and acted upon. Feedback was welcomed including comments, compliments and complaints and seen as a useful tool to improve service provision. The centre had written policies and procedures in place for managing complaints in the centre. The procedure for making complaints was found to be user-friendly and implemented fully. There was a guide explaining how to make a complaint available to residents and their representatives displayed in each unit. Details about supports in terms of social work and advocacy were in place.

The policy named a nominated person to manage complaints and a nominated person to oversee the management of complaints. An appeals person was also named in the event of dissatisfaction with the complaint. The complaints process was broadly in line with the Health Service Executive policy on complaints.

The inspectors reviewed the record of complaints and found that all formal complaints had been appropriately addressed. The outcome of the complaint as well as the satisfaction of the complainant was also recorded. Learning from any feedback both positive or negative was used in terms of the overall governance in the centre.

Inspectors spoke to a number of residents and relatives and asked if they knew what the procedure was if they wished to make a complaint. All were aware of who they could speak to if they wished to make a complaint and all made complimentary comments towards the staff, and the person in charge stating that they felt staff and

management would act upon any complaints or concerns they raised. Some residents outlined verbal complaints they had made and stated that they were happy with the response they received after making the complaint.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that end-of-life care was an integral part of the service provided in the centre. However, while there were policies, procedures and practices in place, some gaps were evident in the maintenance of the documentation.

Inspectors reviewed a sample of care plans in relation to end-of-life care. For the majority of residents, plans were in place so that residents receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity and autonomy. However, some end-of-life assessments and care plans were not comprehensively completed and there were gaps in the documentation. This was brought to the attention of staff at the time of the inspection.

A single room was always kept free and made available in the centre for end-of-life care, when required. Although space was limited due to the premises issues outlined in outcome 12, family and friends were fully facilitated to be with the resident when they are dying.

The centre was part of the hospice friendly hospitals initiatives and had access to 24 hour palliative care services. Plans were in place for staff to receive training in end-of-life. Additionally, the centre was in the process of organising an end-of-life committee.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a

discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that residents were provided with a nutritious and varied diet. Improvements were required in the maintenance of documentation to ensure resident's nutritional status was being effectively monitored. The centre's policy for the monitoring and documentation of nutritional intake was under review at the time of the inspection.

The centre operated a menu system that changed every three weeks. The three weekly menu was available to residents in a large folder containing pictures of all the meal choices. The daily menu was also displayed in picture format in the dining area. Residents could pick from three menu options at each meal. Menus reviewed demonstrated that residents received adequate choice on a daily basis. Food was cooked and prepared in the main kitchen on campus. Residents spoken with stated that they enjoyed the food, and that staff would do their best to source alternative choices if and when desired.

Inspectors observed the lunch time meal in one of the units. Residents experienced a pleasant meal time in a relaxed atmosphere. Staff were seen to assist residents discreetly and respectfully if required.

Inspectors reviewed residents' records and found that processes were in place to ensure residents do not experience poor nutrition and hydration. Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were reviewed every four months or as needed. Records showed that, when indicated, residents had been referred for dietetic review. However, recommendations from dietician did not always feature in residents' care plans. Similarly, documentation did not demonstrate that a resident's nutritional intake was being closely monitored to ensure dietetic recommendations were being effectively implemented.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, inspectors found that residents were consulted with and participate in the organisation of the centre. However, as already identified, significant improvement was required in the design and layout of the premises to ensure each resident's right to privacy and dignity is respected at all times.

Inspectors reviewed records of residents' meetings which occurred every four months. Additionally, relatives meetings occurred every two months. Residents also had access to independent advocacy services. Inspectors found examples where changes had been implemented in response to residents comments and staff reported that this was having a positive outcome for residents. For example, staff breaks had been changed to suit resident's personal care needs at certain times throughout the day.

Staff were aware of residents different communication needs and these were highlighted in care plans and reflected in practice. Residents had access to radio, television, and internet. However, inspectors found that residents could not always watch TV particularly at night, as some residents reported that the noise would impact on other residents and therefore they would be more inclined not to watch TV as a result.

Inspectors noted that the person in charge implemented changes at the time of the inspection, so that all residents could now easily access newspapers if they wished.

Inspectors found that resident's dignity could not always be maintained during the provision of intimate personal care. This was primarily attributed to the findings in relation to premises. There was limited space for residents to undertake personal activities in private. Additionally, inspectors observed that resident's ability to access their bedside or move freely within the centre was restricted at times. For example, if a resident was receiving personal care in a four bedded area, a curtain was pulled preventing residents from mobilising through the passage way to their bedside or other areas such as the toilet within the centre.

Limited space was available to facilitate residents receiving visitors in private. Residents acknowledged that staff would try their best to accommodate this in so far as reasonably practicable.

Inspectors found that the majority of residents had opportunities to participate in activities suitable to their needs and capacity. Two part-time activities co-ordinators were in place from 10am-5pm and an evening activities co-ordinator was in place every second week from 1pm-8pm. Inspectors reviewed the activities book completed by the co-ordinators and found residents were facilitated with meaningful one-to-one activities

as well as group activities. Relatives were also in attendance at activities such as afternoon tea, outings to internet care, mobile library and music groups.

Further activity options were now available to ensure that the choices available were suited to residents' capacities and interests. For example, the 'mens shed' space was now available for residents suitable for a higher levels of activity and arrangements had been put in place for a resident to meet a rugby team.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay at their bedside or spend time with others in the communal rooms.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had arrangements in place for regular laundering of linen and clothing for residents. However, there was inadequate storage space for some residents' clothing and belongings.

Some relatives and residents stated that clothing had gone missing when sent for laundry. When this was brought to the attention of the nurse in charge, it was reported to inspectors that when resident's clothes are not returned from laundry, the resident or family member are brought down to the laundry to retrieve the clothing. In almost all cases, resident's clothing is returned. On the day of inspection, inspectors observed a resident's family member being accompanied to the laundry when clothing had not returned for a resident.

The centre had recently implemented a new recording system to ensure residents' clothes and personal property was safeguarded through appropriate record keeping. Records were checked monthly by the resident's key worker to ensure all items were accounted for. A locked box was provided to residents to safeguard money and other property. Some resident's held their own key and other residents were supported by key workers or family members to use and access the box. Inspectors reviewed records

relating to residents' personal finances that were kept in these boxes. Records contained signatures from two staff members when money was lodged and withdrawn. Receipts were also maintained for purchases.

Inspectors found that residents cannot always retain control over their own possessions and clothing. Due to issues relating to premises, inspectors found that inadequate storage space was provided for residents' clothing and belongings. Some residents spoken to stated that they would like more space for storing their clothes while others wanted to do their own laundry. This was brought to the attention of the person in charge during the inspection.

Inspectors noted that while systems were in place for the recording and managing of residents property and personal accounts. The records maintained of personal property and items belonging to residents required improvement as outlined in outcome 5.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, staff were observed to interact in a warm and respectful manner with residents. Inspectors observed a good relationship between the residents and staff in the centre. Care and assistance was seen to be provided to residents in a friendly, respectful and discreet manner. Feedback from relatives and residents received about staff was very positive. The registered staff nurses reported to the clinical nurse manager or her deputy, who in turn reported to the assistant director of nursing and then to the person in charge. The health care assistants on duty reported to the registered nurses. Each of the two units has clinical nurse managers allocated which provided continuity of care for residents and appropriate supervision.

The resident dependency levels were reviewed for each unit. Dependency levels varied and were found to be high or maximum on both units, with nursing care needs clearly

identified. The staff rota was checked and found to be maintained with all staff that worked in the centre identified Staffing requirements had increased on one unit both day and night and staff in place was commensurate with this. Overall the supervision, staffing levels and skill mix in the centre was sufficient to meet the assessed needs of the residents. All staff spoken to had a good knowledge of policies and procedures surrounding fire and emergency, protection of vulnerable adults, infection control and manual handling.

No volunteers worked at the centre at the time of this inspection. The staff files viewed and all documentation was as per schedule 2 of the regulations. Staff appraisals took place and staff confirmed supports in place from management team. A recruitment policy was read that clearly outlined the procedures of assessing and screening potential staff.

Mandatory staff training was up-to-date with a clear means of identifying where gaps existed in the mandatory training for individuals. A detailed training programme was seen by inspectors. Records of training confirmed all staff completed training and where refresher training was required, a schedule of dates was in place for specific staff. All staff completed training on safeguarding and responding to reports of abuse, manual handling, fire, infection control and CPR. Training records confirmed dates of completed and planned training. The culture of learning and development was evident. Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that this was not excessive and cover was mainly provided within the existing staff complement.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents' condition.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Peamount Healthcare
Centre ID:	OSV-0000468
Date of inspection:	04/04/2017 and 05/04/2017
Date of response:	09/06/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose was not fully in line with the requirements of schedule 1. The range of needs for residents the centre was designed to meet was not fully specified and required review. Condition 8 of the current registration was not outlined in the statement of purpose.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

1. The Statement of Purpose has been amended to include the range of needs of the residents, the admission criteria and the exclusion criteria for the centre and has been submitted to the Inspector.

2. All conditions including condition 8 is included in the Statement of Purpose.

3. The new build is currently at tender stage and negotiations are ongoing with the HSE. The revised timescale for commencement of the new build is Q3 2017 and it should be completed by Q1/2 2019, subject to HSE agreement.

Proposed Timescale: 1. 1st June 2017, 2. 1st June 2017, 3. June 2019.

Proposed Timescale: 30/06/2019

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a failure to progress and action a condition of registration to improve the premises by the original agreed timeframe.

2. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

1. The new build is currently at tender stage and negotiations are ongoing with the HSE. The revised timescale for commencement of the new build is Q3 2017 and it should be completed by Q1/2 2019, subject to HSE agreement.

2. In the interim, the Statement of Purpose, Admissions policy and Residents guide has been amended to reflect changes to the admission/exclusion criteria to reduce the risk of admitting residents whose needs cannot be met in an open plan unit without affecting the quality of life and safety of other residents. In the event that a service users condition deteriorates to such an extent that the safety and welfare of other residents is compromised alternative placement will be sought.

3. In addition storage and access to sanitary facilities in the existing units will be reviewed for further improvement.

Proposed Timescale: 1. June 2019, 2. 1st June 2017, 3. 31st July 2017.

Proposed Timescale: 30/06/2019

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The resident's guide did not clearly outline the terms and conditions relating to residence in the designated centre concerned.

3. Action Required:

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

Please state the actions you have taken or are planning to take:

The Residents guide has been amended to reflect changes to the admission/exclusion criteria. The Residents guide also states that in the event of a resident's condition deteriorating to such an extent that the safety and welfare of other residents is compromised, and his/her needs can no longer be met, an alternative placement will be sought.

Proposed Timescale: 01/06/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents contracts did not clearly outline the fees to be charged to each individual resident.

4. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:

Resident's contracts have been amended to include the fees to be charged to each individual resident. This will be in place for all new residents admitted from 30th May 2017.

Proposed Timescale: 25/05/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's policy on the use of restraint and the creation of, access to, retention of and destruction of records had not been updated on the day of inspection.

5. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

1. The policy on restraint has been reviewed and updated.
2. The Policy on the creation of, access to, retention of and destruction of records has been reviewed and updated.

Proposed Timescale: 1. 8th June 2017, 2. 8th June 2017.

Proposed Timescale: 08/06/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The directory of residents was not fully maintained in an accessible format and did not contain the cause of death on the day of inspection.

6. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:

A database will be set up which will include all the required information in line with the regulations.

Proposed Timescale: 30/06/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The schedule 3 records maintained of personal property and personal items belonging to residents required improvement.

7. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

1. The policy for Residents personal property, personal finances and possessions will be reviewed and updated.
2. The property check list will be amended to include such personal items as furniture.
3. All residents property will be checked and recorded on the new check list.

Proposed Timescale: 1. 19th June 2017, 2. 19th June 2017, 3. 31st July 2017.

Proposed Timescale: 31/07/2017

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Incidents of responsive behaviours were not always effectively being managed, and the positive behavioural care plan in place was not fully implemented.

8. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

1. All residents that exhibit behaviour that is challenging will have their positive behavioural support care plans reviewed and implemented.
2. Amendments have been made to the admission/exclusion criteria to reduce the risk of admitting residents whose needs cannot be met in an open plan unit without affecting the quality of life and safety of other residents.
3. To support residents who may develop incidents of responsive behaviours to such an extent that the safety and welfare of other residents is compromised and their needs

can no longer be met in the centre, an alternative placement will be sought.
4. Amendments to the centres Statement of Purpose will be communicated to all residents and/or their relatives at the residents /relatives meetings.

Proposed Timescale: 1. 30th June 2017, 2. 1st June 2017, 3. 1st June 2017, 4. 31st August 2017.

Proposed Timescale: 31/08/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Further risks identified on this inspection were included in feedback given to the provider who agreed to action these risks:

- risks associated with electrical cables hanging above wash-hand basin in St. Patrick's.
- review risks associated with the storage of moving and handling equipment in communal spaces

9. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

1. The electrical wires were removed and made safe on the day of inspection.

2. The risks associated with the storage of moving and handling equipment in communal spaces has been reviewed and added to the risk register.

3. To minimise the risks associated with the storage of moving and handling equipment the following has been actioned:

- a) Equipment not in use has been moved off the units for storage
- b) The designated storage area for equipment in the communal areas will be clearly identified by floor markings and equipment will be kept within these boundaries to reduce risk.

Proposed Timescale: 1. 4th April 2017, 2. 30th May 2017, 3a) 30th May 2017, 3b) 19th June 2017.

Proposed Timescale: 19/06/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The proximity, location and spacing of beds in some clinical areas needs review to ensure that the risks associated with any outbreak could be managed to control and reduce spread any healthcare-related infections.

10. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

1. The registered provider has amended the exclusion criteria from admission to the centre to exclude residents who are colonized/infected with multidrug resistant organisms who require single room with ensuite accommodation based on a risk assessment.
2. Mandatory training for all clinical staff in Infection Prevention and control to ensure that procedures are followed in outbreak management in line with the standards for the prevention and control of healthcare associated infections will be maintained at 100% compliance.
3. Regular Hand hygiene audits will be continued to monitor compliance.
4. The registered provider will ensure that the design of the new build will address the accommodation needs in line with national standards for residential care.

Proposed Timescale: 1. 1st June 2017, 2. 25th May 2017, 3. 30th June 2017, 4. June 2019.

Proposed Timescale: 30/06/2019

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some care plans did not outline the arrangements to meet the needs of a resident following a change in their health and social status.

11. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

1. The care plans have been reviewed and updated following a change in the health and social status to reflect residents current needs.
2. A documentation audit will be undertaken to ensure that the care plans meet this standard.

Proposed Timescale: 1. 1st June 2017, 2. 31st July 2017.

Proposed Timescale: 31/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design, size and layout of the multi-occupancy rooms and the access between all beds in both areas St. Patrick's and St. Ciaran's is not in line with the statement of purpose.

12. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

The Statement of Purpose has been amended to describe the open plan design and layout of the multi-occupancy rooms. Floor plan layout maps attached to the Statement of Purpose.

Proposed Timescale: 01/06/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was insufficient storage space for equipment and personal storage available to meet each residents individual and collective needs.

The arrangement and access to each area and access to sanitary facilities mitigated against maintaining privacy and dignity at all times.

The layout proximity and spacing of beds in the multi-occupancy areas requires review to meet each residents assessed dependency.

13. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

1. The Registered Provider will ensure that the design of the new build will address the accommodation needs in line with the National Standards for Residential care.
2. In the interim the registered provider has removed equipment not in use from the units.
3. The access to the sanitary facilities will be reviewed to explore alternatives with the view to maintaining the privacy and dignity of the residents.
4. The current storage facilities will be reviewed to maximise the space available to each resident.

Proposed Timescale: 1. June 2019, 2. 30th May 2017, 3. 31st July 2017, 4. 31st July 2017.

Proposed Timescale: 30/06/2019

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some end-of-life assessments were not completed to guide staff on the provision of appropriate care to residents approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

14. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

1. The care plans have been reviewed and updated to ensure that all end of life assessments are comprehensively completed to guide staff in the delivery of end of life care.
2. A documentation audit will be undertaken to ensure that the End of life assessments and care plans meet this standard.

Proposed Timescale: 1. 30th May 2017, 2. 30th July 2017.

Proposed Timescale: 30/07/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Daily nutritional records were not maintained to ensure that a residents dietary needs were being met and closely monitored following an nutritional assessment and in accordance with the individual care plan of the resident concerned.

15. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident 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 resident concerned.

Please state the actions you have taken or are planning to take:

1. The Person in Charge will ensure that the daily nutritional records will be maintained to closely monitor the individuals nutritional intake following nutritional assessment.
2. A documentation audit will be undertaken to ensure that the Nutrition and Hydration care plans for each resident will meet this standard.

Proposed Timescale: 1. 30th May 2017, 2. 30th July 2017.

Proposed Timescale: 30/07/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Suitable arrangements could not always be facilitated for residents to receive visitors in a private area which is not the resident's room, if required.

16. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

Please state the actions you have taken or are planning to take:

1. The Person in Charge has identified a room off the unit that can be made available to facilitate the resident to receive their visitors in private.

2. This will be communicated to all residents and their relatives via the communication /information board on each unit and at the residents /relatives meetings.

3. The residents guide will be reviewed to reflect this change.

Proposed Timescale: 1. 1st June 2017, 2. 12th June & 31st August 2017, 3. 12th June 2017.

Proposed Timescale: 31/08/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Adequate space was not available for some resident's clothing and personal items at the bedside.

17. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:

1. The Registered Provider will ensure that the design of the new build will address the accommodation needs including adequate storage for residents clothing and personal belongings in line with the National Standards for Residential care.

2. The current storage facilities will be reviewed to maximise the space available to each resident.

Proposed Timescale: 1. June 2019, 2. 31st July 2017.

Proposed Timescale: 31/07/2017

