

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Peamount Healthcare ID Community Based Service
Centre ID:	OSV-0003504
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Peamount Healthcare
Provider Nominee:	Suzanne Corcoran
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	5

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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

The inspection took place over the following dates and times

From:	To:
01 August 2017 08:30	01 August 2017 18:30
02 August 2017 08:00	02 August 2017 18:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of the designated centre. This was an unannounced inspection to follow up on actions from the previous inspection carried out in the centre in February 2017 and to inform a registration decision. Information relating to the application to register this centre was still outstanding from the provider at this inspection. This related to the lease agreement for two properties which was made available to inspectors on the first day of the inspection. However, this did not meet the requirements of the regulations as it did not outline the tenure of the lease. In addition, inspectors were informed that the provider was intending to reduce the capacity of the residents residing in the centre from 31 to 30. An application was to be submitted to HIQA verifying this.

In response to the findings of this inspection the provider attended a meeting in HIQA to discuss the non-compliances and give assurances that these would be addressed. This meeting was attended by the provider, a member of the board of management and another senior member of staff.

Description of the service:

This centre is operated by Peamount Healthcare and is divided over three community locations in County Dublin. Two of them are located close to each other and the other one is approximately 11 kilometers away.

The first location can accommodate 16 residents and comprised of two, one-bedroom apartments, six two-bed apartments and one three-bedroom apartment. On the day of the inspection there were three vacancies in this location.

The second location can accommodate 10 residents and consisted of four units. Three of these units are three-bedroom bungalows and the other is a one-bedroom apartment located on the first floor. There was one vacancy in this location on the day of the inspection.

The third location could accommodate five residents and comprised of two semi-detached houses. On the day of the inspection there was one vacancy in this location. Inspectors were informed that the provider intended to reduce the capacity of this centre to four and intended to submit an application to reduce the occupancy levels in this centre.

Two of the locations are owned by Peamount Housing association and one location is leased from a third party.

The centre provides care to both male and female residents some of whom have medical needs, mobility issues and some behaviours of concern. The model of support is based on assisted community living using the social care model and nursing staff are also employed in the centre. A nurse on-call system is also in place from a nearby campus operated by Peamount Healthcare for any out-of-hours concerns or advice.

Since the last inspection the person in charge had left and the provider had put arrangements in place for a person participation in management (PPIM) to assume the responsibilities of the person in charge until such time as a new person in charge was recruited. The PPIM was present in the centre on the first day of the inspection. Two staff nurses and a clinic nurse manager had also left the centre since the last inspection.

A clinic nurse manager two had been redeployed to the centre for two weeks to assist with the governance and management of the centre and to provide nurse cover as required.

How we gathered evidence:

The inspectors met with all of the residents present in the centre on the days of the inspection, with the exception of residents in one unit. A number of residents met with inspectors to talk about what it was like living in the service and about the quality of services provided. Residents said that they were happy living there and were very happy with the staff in the centre. They spoke about activities they were

involved in which included attending day services, going shopping, attending a local community group and future holidays they were planning.

Some residents were unable to express their views on the quality of services in the centre. In response, the inspector observed practices, reviewed personal plans and observed interactions between staff and residents. A number of staff were met and other documents were reviewed including risk assessments and fire management records.

Overall judgment of our findings:

Inspectors found that of the 22 actions identified at the last inspection, 14 had not been fully implemented. While significant improvements had been made in one unit of the centre with regard to personal plans, this was not consistent in the other unit visited. The procedures in place for the transition and discharge of residents were not always implemented.

There were no clear lines of accountability for the provision of services and staff were not clear on their roles and responsibilities in the centre. The inspectors found that the mechanisms in place to monitor and review the quality of care in the centre were not effective as reflected in the findings of this inspection.

The staffing levels were not organised around residents' assessed needs, some residents' social care needs were not being met in the centre and residents could not access evening activities in the community if they wished as there were insufficient staffing levels on duty.

Major non-compliances were found in five of the outcomes inspected against. These included outcome 5; social care, outcome 7; health and safety and risk management , outcome 12; medication management, outcome 14; governance and management and outcome 17; workforce.

Moderate non-compliances were found in three of the outcomes; under outcome 1; residents' rights, outcome 2; communication, outcome 11; healthcare. Three of the outcomes were substantially compliant under outcome 6; safe and suitable premises, outcome 8; safeguarding and safety and outcome 18; records and documentation. The actions at the end of this report outline the improvements required.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. 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:

Individualised Supports and Care

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

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

Findings:

The inspectors found that while residents were treated with dignity and respect over the course of the inspection, improvements were required in the management of complaints, the management of residents' money and with intimate care plans.

Inspectors reviewed the complaints log stored in the centre and found that the complaint outstanding from the last inspection had been followed up on. However, on review of other documents stored in the centre, some issues raised by residents and family had not been recorded as complaints and therefore not dealt with accordingly.

Improvements were noted in charges to residents for services that were covered under their contract of care. The records shown to inspectors demonstrated that two residents had money refunded to them. However, one resident had not been refunded. Inspectors were informed by the PPIM that this money would be refunded to the resident and documentary evidence of this was submitted to HIQA after the inspection.

Inspectors found improvements in a sample of intimate care plans viewed. However, some residents' plans, who may not be able to communicate their preferences and wishes, required more detail in order to guide staff.

Inspectors found that residents were consulted about how the centre was run through residents' forum meetings. One resident had highlighted to the inspector on the day of the inspection that they wished to move rooms. This was responded to by the PPIM of the centre on the day of the inspection who met the resident to discuss this option.

While induction records for new relief and agency relief staff were in place, the records were not consistently maintained. This had been part of the provider's response to the action plan from the last inspection that related to the importance of respecting residents' privacy in the centre. Inspectors acknowledge that the provider has commenced a wider induction training programme for all relief staff in the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that staff were aware of the communication needs of residents and that residents had input from a speech and language therapist as required.

From a sample of communication passports viewed, all of them had been updated since the last inspection. However, inspectors found that some interventions recommended were not been fully implemented. For example, one resident's plan stated that poor communication could contribute to behaviours of concern. The communication passport viewed recorded a number of interventions to be used to assist the resident in this area such as signage and picture books and some of these had not been implemented.

In addition, inspectors found that there was no Internet access for residents in parts of the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Inspectors found that each resident had a personal plan in place and that some improvements had been implemented since the last inspection regarding personal plans. However, improvements were still required in a number of areas under this outcome.

A sample of personal plans viewed by inspectors found that they had been updated in one unit; however, this was not consistent in the other unit visited by inspectors. Some of the assessments of need had not been updated since the last inspection, support plans were not in place for some residents' healthcare needs and conflicting support needs were outlined in residents' plans for their assessed needs.

In addition, the review of care in the centre had not been implemented since the last inspection to include a weekly review between the nurse and healthcare assistant and regular meetings between the person in charge and the clinic nurse manager.

Since the last inspection an assessment had been completed for residents by an occupational therapist outlining the supports that residents required in order to support them with activities of daily living. However, this had not been fully incorporated into residents' plans to identify how these supports should be delivered or how residents' independent living skills would be promoted.

Of the plans viewed an annual review had been completed for residents. This had been attended by the resident and their representative. From this, goals were identified. The documents viewed demonstrated that all of these goals were to be broken down into steps and included who was responsible for supporting the residents to achieve the goals but these records were not consistently maintained. Goals were found to be meaningful for residents; however some of them had not progressed.

For example, one resident wanted to attend a show. This goal had been set in May 2017 and there was no progress to date with this on the day of inspection. This was verified by the resident also who said that there was no staff on duty in the evening times to facilitate this.

Inspectors found in one unit that residents had varied activities during the day. One resident went through their personal plan with inspectors and described their weekly activities which they were happy with. Goals had been set with this resident that had not progressed, however they informed inspectors that they were no longer interested in pursuing these goals and were happy with the level of activity in their lives.

Social care records viewed found that residents were active on a daily basis in one unit in the centre and residents spoke about being on holidays, going out for coffee, shopping in their local community, attending day services and going to the pub. However, this was not consistent in another unit visited. The records viewed in one plan stated that the lack of activity on a daily basis was impacting on the residents' health and wellbeing. This was discussed at the feedback meeting and is not referenced in this report in order to protect anonymity.

Multidisciplinary team meetings were regularly held to review each resident's care needs. Some of which had been attended by residents.

Two residents had transferred into the centre since the last inspection. One resident had transitioned between units within the designated centre. This resident had been receiving respite care at the last inspection and had requested to stay in this unit. A transition plan had been completed for this resident. However, the assessment of need had not been updated until June 2017. The inspector did meet with this resident who said that they were very happy with the move and loved living there.

Another resident had transitioned to the centre from another designated centre under the care of Peamount Healthcare. This resident had also been receiving respite in this unit at the last inspection. Inspectors found that there was no transition plan in place for this resident. Recommendations from a multidisciplinary review meeting held in April 2017 stated that a full assessment of need should be completed prior to the decision to move this resident. While this assessment had been completed, there were no further meetings held to discuss the findings of the review and to discuss the supports required to meet those needs.

Inspectors also viewed a record on one resident's plan stating that a transition from the centre was being considered due to a risk of falls. However, there were no clear records contained on the resident's plan stating the rationale for this or evidence that this had been discussed with the wider multidisciplinary team as outlined in the policies and procedures of the organisation.

One resident had been discharged to another centre under the care of Peamount Healthcare since the last inspection. Inspectors were informed that this discharge had been on foot of a significant change in the resident's healthcare needs since the last inspection.

Judgment:

Non Compliant - Major

Outcome 06: 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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found that overall the premises were well maintained however some areas required improvement.

One unit in this centre was not visited as the residents were not present at the time. Overall the premises were well maintained. However, some improvements were required in the cleanliness of one area and one bedroom in the centre required the paintwork to be refreshed.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that there were policies and procedures in place for the management of risks to protect residents, visitors and staff in the centre. However, significant improvements were required in risk management processes, fire management and staff training.

Since the last inspection residents had some individual risk assessments contained in their personal plans in line with their assessed needs.

However, from a sample viewed, inspectors found that control measures identified were not always implemented. For, example, a control measure recorded on a number of residents' risk assessments stated that they had access to an alarm bracelet in the event of them requiring assistance from staff. However, inspectors observed that some residents had no alarm bracelets and some residents when asked about another alarm mechanism in their apartments were not aware of what it was for.

In addition, some assessments of need identified that residents required supervision for certain activities of daily living due to risks. However, this had not been risk assessed so as to ensure that appropriate control measures were in place in the centre.

For example, one resident who was at risk of falls and had a history of sleeping difficulties at night had no risk assessments completed outlining the control measures in place to mitigate potential risks when staffing levels were reduced to one staff at night time. Inspectors found that this resident had an unwitnessed fall in the centre despite their assessment of need stating that they should have supervision at all times.

Choking risk assessments for some residents had inconsistent information recorded. One incident report form viewed found that the review of an incident that had occurred in the centre recommended that staff should support the resident to follow a specific consistency of food plan. However, the most recent assessment by an allied health professional did not outline this measure.

Since the last inspection risk assessment training had not been completed for all staff in the centre.

One adverse incident had been reported to HIQA prior to the inspection and the provider had commissioned a review of this.

Inspectors also found that there were no records to demonstrate whether one electrical hazard that had been reported to the maintenance department had been followed up and staff could not confirm this either.

This information was stored in the maintenance department on the campus of Peamount Healthcare and inspectors had to request confirmation from the maintenance department. This was received on the second day of the inspection confirming that it had been completed.

Fire procedures were reviewed on one unit of the centre. Inspectors found that there was appropriate fire fighting equipment in place and residents had personal emergency evacuation plans completed.

Records of fire drills found that a night time drill had been carried out in the centre however; it did not include all residents in the centre. In addition, while some staff were clear about this procedure one staff member was concerned about a safe evacuation of the centre at night time when all residents were present and staffing was reduced to one staff. On the days of the inspection not all residents were present in this unit. This was discussed at the feedback meeting.

Two houses in the centre did not have adequate fire containment measures in place as there were no fire doors. This had been an action from the last inspection.

Judgment:
Non Compliant - Major

Outcome 08: 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 assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Inspectors found that there were measures to protect residents from being harmed or suffering abuse and that appropriate actions were taken in response to allegations, disclosures or suspected abuse. However, improvements were required in behaviour support plans and restrictive practices in the centre.

Residents spoken with stated that they felt safe in the centre. From a review of notifications, incident reports and a sample of records, the inspectors found that the person in charge had taken appropriate actions to any allegations since the last inspection. Staff training records indicated that all permanent staff had completed training in safeguarding with the exception of one who was scheduled to complete this in the coming weeks. There were no records to indicate whether all relief staff employed had completed this training.

From a sample of personal plans viewed some residents' plans contained behaviour support plans. Some plans were in the process of being developed on the day of the inspection with the support of a psychologist. However, one personal plan did not contain a behaviour support plan even though it was referenced as a strategy to follow in the resident's personal plan. Inspectors acknowledge that there was a care plan in place around this which provided some guidance for staff.

There was a policy on restrictive practices in the centre. One environmental restriction was in place in one unit that had been risk assessed. However, it had not been reviewed and the consent of the resident or their family representative for its use had not been recorded.

Inspectors found that a multidisciplinary team meeting had been held to discuss another restrictive practice used in the centre. The use of this had been discussed and a member of the multidisciplinary team had been nominated to discuss this practice with the resident on the second day of the inspection.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The inspectors found that overall residents' healthcare needs were responded to in a timely manner. However, improvements were required in this area.

Inspectors found that residents' healthcare needs were being met in the centre. Staff spoken with were aware of the residents' healthcare needs in spite of the absence of some health action plans. However, this was not guiding practice for all staff as some staff were relief and agency staff who were required to work on their own in parts of the unit.

In addition, medical treatments prescribed by the residents' GP was not always implemented as there was no qualified staff to administer prescribed treatments.

Residents' healthcare plans were reviewed every three months or sooner if required. However, while some plans viewed contained a detailed review so as to review the effectiveness of care provided, others did not. Inspectors did see records in the minutes of staff meetings which demonstrated that residents' care needs were being reviewed but this review was not contained in the resident's personal plan.

From a sample of residents' plans viewed inspectors found that residents had access to a general practitioner (GP) in the community and had access to appropriate allied health professionals in line with their assessed needs. For example, residents were regularly reviewed by speech and language therapy, occupational therapy, physiotherapy and a dietitian. Residents also had access to clinic nurse specialist in care of the elderly and behaviours of concern.

Staff nurses were employed in the centre who had oversight over residents' healthcare needs and in the absence of nurses healthcare assistants had some training in order to support residents' needs.

Residents were supported to prepare their own meals and participated in shopping for their own meals as required.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Inspectors found that the practices in place in the centre for the administration of medication were not appropriate or in line with best practice.

The policies and procedures for medication management had been updated since the last inspection which had only been recently approved by the medication committee. Inspectors spoke with a member of the centre's medication safety committee on the second day of the inspection who informed them that training for all staff on the updated policies and procedures for the centre was due to take place in the next few weeks.

Medications in the centre were administered by nursing staff and in their absence health care assistants who were trained in the safe administration of medication (SAM) were required to administer medication.

However, significant improvements were required in medication practices in the centre as inspectors found that:

- Some SAM trained staff were not fully aware of the medications that they were allowed administer in the centre.
- Some staff had not been trained in the administration of some prescribed as required medication. While inspectors acknowledge that nursing staff were available from a nearby campus, these staff were not always available as demonstrated in records viewed.
- Residents had missed doses of prescribed medication as suitably qualified staff were not available to administer medications at all times. This had been followed up with the residents' GP. In some instances this had required residents to attend another centre in order to have medications administered.

- 35 medication errors had been recorded in the centre since the last inspection. 29 related to one area of the centre. Inspectors acknowledge that some of these were related to near misses that had been identified by staff prior to the administration of medication and that each medication error was reviewed by the person in charge and a medication safety committee in the wider organisation. However, no medication audit had been completed in the centre in order to assure safe practices and some missed doses as outlined above had not been reviewed appropriately so as to ensure that suitably qualified personnel were available.

- The location of the medication press in one unit required review. The medication press in the centre was stored in a central office. Staff were required to administer medication to residents in four separate locations in the unit. This contributed to a significant amount of disturbances to the staff administering the medication as observed by inspectors on the second morning of the inspection.

From a sample of prescription sheets viewed, inspectors found that there were PRN protocols in place for residents where required, with the exception of one which had been rectified by the end of the inspection.

There were no controlled medications stored in the centre.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that the management systems in place in the centre required review to ensure that all staff were clear about their roles and responsibilities in the centre. Given the findings of this inspection, inspectors were not satisfied that the mechanisms in place to ensure that the quality of care provided in the centre was consistently monitored to ensure that services were safe and in line with the assessed needs of residents.

In addition, as part of the application to register this centre, the lease for two premises had not been submitted to HIQA. The copy of the lease provided on the day of the inspection did not meet the requirements of the regulations.

Since the last inspection the person in charge had left and the provider had appointed a person participating in management (PPIM) to fulfil the responsibilities of the person in charge until a new person in charge was recruited. This arrangement had been discussed with staff at a meeting held on 27 July 2017, facilitated by the director of nursing and social care.

A director of health and social care had been appointed since the last inspection who had overall responsibility for the designated centres under the remit of Peamount Healthcare. An assistant director, who the person in charge reported to, was also in place.

There were no nominated shift leaders on the roster and staff spoken with were unclear about who was responsible for leading shifts on a daily basis.

At the last inspection it had been identified that nurses and healthcare assistants were unclear about their roles and what areas of care they were responsible for. As part of the provider's response, a role review was to take place to address this. There were no records to demonstrate that this review had taken place at the time of the inspection.

The minutes of a meeting between the clinic nurse manager, person in charge and the director of health and social care discussing this review was submitted the day after the inspection. Inspectors found that while roles had been discussed, staff spoken with were unclear about their roles in the centre on the day of the inspection.

In addition, there were no records to demonstrate that some of the agreed actions outlined in this review had not been implemented. For example the records stated that:
-the nurse on duty would be the team leader and in their absence the person in charge would identify a named person as the team leader. This was not evident on the roster and some staff spoken with were not clear about this.

-the clinic nurse manager and the person in charge would meet with the team and clarify the roles and the structure within the community units. The minutes of team meetings did not demonstrate this.

-nurses would be rostered in each unit - this was not evident on the rosters viewed.

There were no records to demonstrate whether supervision had taken place for staff in the centre since the last inspection. Some staff said it had, others stated that they had never completed supervision in the centre. Staff felt that concerns raised on the quality of services provided were not always responded to and there were no records to demonstrate whether these issues had been raised to senior management.

Each unit held staff meetings specific to the quality of care being provided in each unit. These meetings were held every two months. The minutes were comprehensive and a

detailed agenda was in place with matters arising which included: risk management issues, a review of residents and issues that arose at residents' forums. Minutes of one meeting included a discussion around the last HIQA inspection in the centre.

An unannounced quality and safety review had been completed in one unit of the centre on 2 and 3 May 2017. However, this had not included all units in the centre and some of the actions had not been completed within the specified time frames. The provider had also commenced weekly unannounced quality walk around of the centre, two had been completed in April and May 2017.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. 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.

Theme:

Responsive Workforce

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

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

Findings:

Inspectors found that the staffing levels and skill-mix were not enough to meet the assessed needs of residents in the centre and improvements were required in staff training. In addition, the staffing levels in the centre some days were not in line with the Statement of Purpose for the centre.

Inspectors found that the centre was not adequately resourced or had the appropriate skill-mix every day in order to ensure that residents' needs could be met. This was contributing to negative outcomes for some residents as outlined in this report.

In addition, the action from the last inspection had not been addressed in relation to meeting residents' social care needs in the centre in the evening time. Inspectors were informed by the provider that an additional 25 hours had been added to one area in the centre since the last inspection and that relief staff were recruited to fill other gaps in rosters. However, this did not address the findings from the last inspection as no additional hours had been given to support residents' social care needs in the evening times.

Care was delivered in this unit by nursing personnel and healthcare assistants. Since the

last inspection four staff had left the centre and inspectors found that while relief and agency staff were recruited to fill some of these gaps, this was not in place every day in the centre.

For example, from a review of the staff rota, some day shifts were not covered in the centre. There were days in both units where three staff were not on duty up until 8.30pm and in one unit there were days when no twilight hours staff were in place in order to meet residents' needs.

On the day of the inspection it was also not clear whether there were vacancies in the centre. The provider submitted an up-to-date statement of purpose subsequent to the inspection outlining the actual whole time equivalents for the centre.

There had been no staffing review in the centre in response to the changing needs of residents. Inspectors acknowledge that during the last inspection of the centre a staffing review for the centre had been completed by an external provider which outlined deficits in staffing levels in the centre in order to meet residents' needs. The findings of this report had been submitted to the HSE for additional funding. This had not progressed since the last inspection.

The provider was also in the process of an internal staffing review in the centre in order to assure that appropriate staffing levels were in the centre. The findings from this were not finalised on the day of the inspection.

The arrangements in place for nursing staff were also not clear in the centre. Nursing staff had been introduced into the centre prior to the last inspection. They were employed in two of the units but also had a remit to look after residents' needs in two other areas.

However, the rostering of nursing staff was ad hoc since two nursing staff had left the centre. These vacancies were not being filled. For example, some days nursing staff were rostered on duty all day and some days they were not. When nursing staff were not in the centre SAM trained staff were required to give medication. This had not been reviewed so as to ensure that adequate arrangements were in place to meet residents' needs in the centre.

Training records viewed by inspectors demonstrated that staff had not received training in some areas identified as required at the last inspection. This included training on vital signs and diabetes. In addition, the records of relief staff training were incomplete on the day of the inspection and were to be submitted after the inspection. This was not completed and therefore inspectors could not verify if all relief staff had completed mandatory training.

There were no volunteers employed in the centre.

Personnel files were not viewed as part of this inspection.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Inspectors found that one of the actions from the last inspection had not been fully implemented and improvements were required in the records stored in residents plans to ensure that their care was appropriately reviewed. not all aspects of this outcome were inspected against.

From a sample of plans viewed inspectors found that some of the records stored were not dated and it was not clear who had completed assessments for residents.

Judgment:

Substantially 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:

Anna Doyle

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peamount Healthcare
Centre ID:	OSV-0003504
Date of Inspection:	01 & 02 August 2017
Date of response:	30 August 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 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.

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: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents' intimate care plans were not detailed enough to guide practice.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Residents intimate care plans will be reviewed and they will include the preferences and wishes of the individuals in sufficient detail to direct staff.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

Some issues raised by residents and family had not been recorded as a complaint and therefore not dealt with as such.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The Complaints Officer will roll out training on the Complaints Policy in each community unit

The Person in Charge will ensure that all issues raised are followed up and closed out with all parties.

A copy of the Complaints Policy will be made available to families.

Proposed Timescale: 30/09/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There was no internet access in some units of the centre.

3. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Residents will be offered the choice of internet access as an extension of their personal media packages.

Proposed Timescale: 30/09/2017

Theme: Individualised Supports and Care

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

Some interventions recommended were not been fully implemented.

4. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Person in Charge will ensure that interventions stated in all communication passports will be implemented in full for all residents.

Staff will be educated on the importance of the use of communication passports in the prevention of behaviours of concern.

Proposed Timescale: 30/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessment of need for one resident had not been reviewed by the multi-disciplinary team prior to the decision to transfer them to this unit.

5. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The care plan of the resident that transitioned from another unit will be reviewed and updated.

Multi Disciplinary Team input will be sought for all future transfers

Proposed Timescale: 18th September 2017 and ongoing

Proposed Timescale:

Theme: Effective Services

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

Some goals outlined in residents personal plans had not progressed.

6. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All residents personal plans will be reviewed to ensure that the goals outlined are updated.

Proposed Timescale: 30/09/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the assessments of need had not been updated since the last inspection in one unit.

The assessment of need for a resident who had transitioned from another unit had not been updated within 28 days of their transfer to the other unit.

7. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- 1.All care plans will be reviewed and updated to include the assessments of needs
- 2.The care plan of the resident that transitioned from another unit will be reviewed and updated

Proposed Timescale: 1.30th September 2017

2.18th September

Proposed Timescale: 30/09/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were no support plans in place for some residents healthcare needs.

The review of residents care in the centre had not been implemented since the last inspection to include a weekly review between the nurse and health care assistant,

regular meetings between the person in charge and the clinic nurse manager.

The assessment of residents activities of daily living had not been fully incorporated into residents' plans to identify how these supports should be delivered or how residents independent living skills would be promoted.

Some residents social care needs were not being met in the centre.

8. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. All care plans will be reviewed to ensure that support plans will be in place to meet healthcare needs
2. Weekly reviews between the nurse and healthcare assistant are now taking place
3. Regular meetings between the person in charge and the senior nurse in the centre are taking place
4. An audit of residents care plans will take place to check that all elements of the care plan incorporate identified activities of daily living and ensure the supports are in place to deliver on same.
5. Social care needs are being reviewed service wide as part of the provider service and service review. A new Meaningful Activity Manager has commenced to drive the overall social care needs plan for Peamount. A dedicated Activities Coordinator will commence in the centre in early September.

- Proposed Timescale:
1. 30th September 2017
 2. 4th September 2017
 3. 4th September 2017
 4. 31st October 2017
 5. 7th August 2017 and ongoing

Proposed Timescale:

Theme: Effective Services

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

There was no transition plan in place for one resident who had transferred into the centre.

9. Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The documentation surrounding the transfer of this residents will be summarised and placed on the resident's file. All future transfers to centres will follow the Admission Discharge and Transfer policy.

Proposed Timescale: 18/09/2017

Theme: Effective Services

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

There were records contained on the residents plan stating the rationale for a residents discharge from the centre or evidence that this had been discussed with the wider multi disciplinary team as outlined in the policies and procedures of the organisation.

10. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

An assessment had been completed by the CNS in Older Person and will be referred to the MDT for discussion. This commences the transition process for this resident.

Proposed Timescale: 30/09/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Cleanliness in one area needed to be addressed.

11. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Staff will support this service user to address the cleanliness of the unit identified.

Proposed Timescale: 28/08/2017

Theme: Effective Services

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

The paintwork in one bedroom required updating.

12. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The painting of the unit will take place in the identified bedroom.

Proposed Timescale: 30/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There is no system to ensure that control measures identified from risk assessments were implemented.

Some identified risks not been risk assessed so as to ensure that appropriate control measures were in place in the centre.

There were no records to demonstrate whether one electrical hazard that had been reported to the maintenance department had been follow up.

Not all staff had completed training in risk assessments.

13. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The Person in Charge will ensure there is a system in place to ensure risks are assessed and control measure identified and will be implemented.
2. Education for staff and residents will take place on the system.
3. A process will be developed for the close out of all maintenance requests.

Proposed Timescale: 1. And 2. 30th September 2017
3.15th September 2017

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There were no fire doors in two houses that were part of the centre.

14. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Installation of fire doors will take place within two houses in the centre.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

A night time drill carried out in the centre did not include all residents in the centre.

One staff was concerned about the safe evacuation of the centre at night time when all residents were present.

15. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A repeat night drill will take place when all residents are in the centre

Proposed Timescale: 29/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One personal plan did not contain a behaviour support plan even though it was referenced as a strategy to follow in the resident's personal plan.

16. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Care plans will be reviewed to ensure there is a positive behaviour support plan in place to guide staff.

Proposed Timescale: 30/09/2017

Theme: Safe Services

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

One environmental restriction not been reviewed and the consent from the resident or their family representative for its use had not been recorded.

17. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The environmental restriction has been removed.

Proposed Timescale: 30/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were no health action plans in place for some residents assessed needs.

18. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All health care plans will be reviewed to ensure they are meeting residents assessed needs.

Proposed Timescale: 30/09/2017

Theme: Health and Development

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

Some medical treatments prescribed by the residents GP was not always implemented as there was no qualified staff to administer prescribed treatments.

19. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

A roll out of enhanced training to ensure that prescribed treatments are administered is taking place

Proposed Timescale: 16/10/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Significant improvements were required in medication practices in the centre as inspectors found that:

- Some SAM trained staff were not fully aware of the medications that they were allowed administer in the centre.
- Some staff had not been trained in the administration of some prescribed as required medication. While inspectors acknowledge that nursing staff were available from a nearby campus, these staff were not always available as demonstrated in records viewed.
- Residents had missed doses of prescribed medication as suitably qualified staff were not available to administer medications at all times. In some instances this had required residents to attend another centre in order to have medications administered.
- A medication audit had not been completed in the centre in order to assure safe practices and some missed doses as outlined above had not been reviewed appropriately so as to ensure that suitably qualified personnel were available at all times in the centre.
- The location of the medication press in one unit required review.

20. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Overall training and support on medication administration by SAMs trained staff is currently being rolled out and this will include the administration of all prescribed medication in the centre.

A medication audit was underway on the day of inspection and this will occur regularly.

The location of the medication cupboard will be reviewed and the consent of the residents will be obtained for this relocation.

Proposed Timescale: 16/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The lease for two premises had not been submitted to HIQA since the last inspection. The copy of the lease provided on the day of the inspection did not meet the regulations.

21. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

A revised lease has been requested on the 21st August 2017 and awaiting a response.

Proposed Timescale: 31/12/2017

Theme: Leadership, Governance and Management

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

There is no person in charge in the centre.

22. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The Person Participating in the Management of the centre was taking over the role of the Person in Charge on an interim basis and was present in the centre at the time of the inspection. The recruitment process was also underway for the Person in Charge post at the time of inspection. Interviews are being scheduled for week commencing the 28th August 2017.

Proposed Timescale: 31/10/2017

Theme: Leadership, Governance and Management

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

The roles of staff were not clearly identified in the centre.

23. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The roles of the staff will be clearly identified in the centre and communicated to all staff.

Proposed Timescale: 18/09/2017

Theme: Leadership, Governance and Management

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

There were no records to demonstrate that supervision had taken place in the centre and some staff said that they had not received supervision at all.

24. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Staff supervision will be rolled out for all staff.

Proposed Timescale: 20/11/2017

Theme: Leadership, Governance and Management

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

Staff felt that concerns raised on the quality of services provided were not responded to and there were no records to demonstrate whether these issues had been raised to senior management.

25. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Staff will be encouraged to give feedback to the Person in Charge on areas of concerns that require follow up and this will be recorded in minutes of meetings.

Proposed Timescale: 14th August 2017 and ongoing

Proposed Timescale:

Theme: Leadership, Governance and Management

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

The unannounced quality and safety review had only been completed in one unit of the centre on 2nd/3rd May 2017 and some of the actions had not been completed within the specified time frames.

26. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- 1.The quality and safety review will be completed for all units throughout the centre.
- 2.Recruitment of a Quality Manager is currently taking place and this will ensure monitoring and implementation of all action plans within a timeframe.

Proposed Timescale: 1.30th September 2017

2.30th November 2017

Proposed Timescale: 30/11/2017

Theme: Leadership, Governance and Management

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

The mechanisms in place to ensure that the quality of care provided in the centre was consistently monitored to ensure that services were safe and in line with the assessed needs of residents.

27. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The provider will conduct a staffing review of the centre which will include staffing levels, skill mix, activity levels and management structure.
2. A Person Participating in Management will be recruited to report to the Person in Charge and take charge of the centre in the absence of the Person in Charge.

Proposed Timescale: 1.18th September 2017
2.30th September 2017

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels and skill-mix in the centre was contributing to negative outcomes for residents as their social care needs were not always been met in the centre.

No additional hours had been given to support residents' social care needs in the evening times in line with their wishes.

The staffing levels outlined in the statement of purpose were not always available in the centre.

28. Action Required:

Under Regulation 15 (1) you are required to: 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.

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

- 1.The provider will conduct a staffing review of the centre which will include staffing levels, skill mix, activity levels and management structure.
- 2.Social care needs are being reviewed service wide as part of the provider service and service review. A new Meaningful Activity Manager has commenced to drive the overall social care needs plan for Peamount. A dedicated Activities Coordinator will commence in the centre in early September

Proposed Timescale: 1. 18th September 2017
2.7th August 2017 and ongoing

Proposed Timescale:

Theme: Responsive Workforce

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

Nursing care in the centre was not always available to residents in a timely manner.

29. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The provider will conduct a staffing review of the centre which will include staffing levels, skill mix, activity levels and management structure.

Proposed Timescale: 18/09/2017

Theme: Responsive Workforce

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

Training for staff on vital signs had not been completed.

Training for the management of diabetes had not been completed.

The records of relief staff training were not available in the centre.

30. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Ongoing roll out of training in epilepsy, diabetes and vital signs continues.

Training in the use of oxygen therapy will be rolled out in September.

The training records of the relief staff were submitted to the inspector on the first day of the inspection.

Proposed Timescale: 31/10/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the records stored in residents personal plans were not dated and it was not clear who had completed assessments for residents.

31. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

A review of resident records will take place to ensure that all records are dated and signed.

All assessments will be signed and dated on completion.

Proposed Timescale: 30th September 2017 and ongoing

Proposed Timescale: