Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Green Field
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2021
Centre ID:	OSV-0007892
Fieldwork ID:	MON-0032086

About the designated centre

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

This designated centre provides residential services for up to eight residents with intellectual disabilities and complex medical needs including cognitive impairment, dementia, stroke, physical disabilities and palliative care needs. The centre is nurse led and is supported by a team of staff members including staff nurses, care assistants, household staff, and an activities coordinator. The centre was recently registered and is currently being used to accommodate residents while another centre is being renovated. It is located in a newly constructed building on a campus setting in West County Dublin and consists of seven resident bedrooms (all with en-suite facilities), level entry bathrooms, a living and dining room, kitchen area, clinical room and store rooms. The campus setting provides a number of shared services and amenities including a day service area, a resident hub, a church, canteen and outdoor recreational spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 February 2021	09:30hrs to 14:15hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what the inspector observed, the residents availing of the services of this centre experienced a good quality of life and were supported in a dignified and respectful manner. There were good governance arrangements in place which included the ongoing monitoring of the care and support being delivered and it was clear that residents and their families were consulted about the operation of the centre. While there were some minor areas which required improvement, overall, the inspector found that the services were safe, well managed and person-centred.

The inspector met with six residents and observed care and support being delivered by the staff team. Residents told the inspector that they were happy in the centre and felt safe. Some residents who could not communicate verbally were supported by staff members to indicate that they were comfortable and happy. A mealtime experience was observed by the inspector which was noted to be a social and enjoyable event. The staff team were observed to support residents to eat and drink and were patient, kind and respectful.

In addition to speaking with residents and observing care and support being delivered, the inspector spoke to two family members by telephone. In both cases, the family members were very complimentary of the staff and management teams and the standard of care being delivered to their relatives. One family member informed the inspector that the "standards had improved significantly over the years" while another family member explained that there was "great communication from the staff team".

The inspector also met and spoke with three staff members during the course of the inspection. They told the inspector that residents were safe in the centre and provided examples of how their quality of life was considered and promoted. The inspector received seven completed resident questionnaires which asked participants for feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback contained in the completed questionnaires with residents indicating that they were satisfied with the service they were in receipt of.

The premises of the centre were modern, very clean throughout and spacious. The centre had recently been registered and facilitated a temporary relocation of residents from another centre on the campus which was undergoing significant renovation and reconfiguration. The temporary location to this centre was planned until August 2021 at which point the provider plans on having the constructions works completed and residents relocated back to the original centre. Until that point, the centre in Green Field will continue to be used for the residents currently living there. It is located on the second floor of a new building which contains a designated centre for older people and a neurological rehabilitation unit. This centre

provides for a comfortable living environment, bright spacious rooms, storage for personal belongings and possessions and full accessibility through elevators, level entry bathrooms and wide door frames.

The inspector found that there was clear evidence to demonstrate that residents enjoyed a good quality of life while living in this centre. While many of the regular activities including attending church, day trips, shopping, visiting families, and attending day services could no longer take place due to COVID-19 related restrictions, residents were engaging in other activities which they enjoyed. These included online virtual visits to zoos across the world, baking with staff members, and going for walks locally. There were clear examples to demonstrate that a person-centred approach was present in the centre, for example, residents had re-engaged with family members through online communication platforms with the support of staff members and were clearly enjoying this initiative. A staff member informed the inspector that during a recent snow fall that residents were supported to feel and touch the snow through staff members collecting it and bringing it into the centre for sensory stimulation. Residents were being supported to plan for individual goals and ambitions which included visiting Knock Shrine, having a mini-break in the country and visiting family and friends at home.

The inspector observed that the staff team respecting the privacy and dignity of residents through knocking on bedroom and bathroom doors before entering speaking about their needs in a sensitive and respectful way. The staff team were observed to be very knowledgeable of the individual needs of residents and advocated for them where necessary. The residents were observed to be very comfortable in the presence of staff members and enjoyed their company and interacted with them with ease. There were regular resident forum meetings held in the centre and one resident represented the centre at an organisational wide self advocacy forum which met on a regular basis also.

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

Capacity and capability

The inspector found that this centre was well managed and there was appropriate oversight of the care and support being delivered to residents. Overall, the findings of the inspection were positive and while there were some areas identified for improvement, there was clear evidence to demonstrate that quality services were being provided in the centre.

The centre was adequately resourced and there was effective delivery of care and support to residents as outlined in the centre's statement of purpose. There was a clearly defined management structure and effective management systems had been

developed and implemented by the registered provider, the management team and the person in charge. This allowed for the appropriate oversight of the services being delivered in the centre and an awareness on the part of the provider and person in charge of areas which required improvement. There was a six monthly unannounced visit to the centre completed and the registered provider had completed a quality improvement plan which was in place in the centre.

The inspector found that there were appropriate numbers of staff members with the right skills deployed in the centre to meet the identified needs of residents. There was good continuity of care and support through a core team with no recent use of agency or relief staff. This continuity of care had a clear positive impact on the the care and support being provided to residents as staff members were observed to have detailed knowledge of the individual needs and preferences of residents living in the centre.

A review of staff training records found that there was a comprehensive suite of training in place for staff members. While in the majority of cases all staff had completed this training, in the case of training specific to supporting residents manage behaviours of concern over half of the staff team had not completed this course or the refresher course. The inspector found that there were appropriate arrangements in place for the supervision of the staff team.

The inspector completed a review of the arrangements for the management of complaints and found that the registered provider had established and implemented an effective complaints management system. There was a complaints policy in place (dated September 2020) and there were easy read complaints procedures on display. While there had been no complaints made in the time since the centre was registered, the inspector found that there was a culture of welcoming feedback from residents and their families with a view to the ongoing development and improvement of services.

Regulation 15: Staffing

Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner due the centre employing appropriate number of staff members with the right skills.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff members had not completed training or refresher training in one local training course described by the registered provider as being mandatory.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of a high standard of person-centred care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated February 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had established and implemented effective systems to address or resolve issues raised by residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a number of policies in place which had not been reviewed or updated in more than three years. In addition, there were a number policies in place which did not include all required items as outlined in Schedule 5 of the regulations.

Judgment: Not compliant

Quality and safety

The inspector found that residents were in receipt of care and support of a high standard which was based on a person-centred approach. There was a culture present in the centre which promoted the individual rights of residents and a safe and homely environment.

A review was completed of the arrangements in place for the management of risk in the centre and found there were developed systems to ensure that risk was identified, assessed, controlled and escalated where necessary. The person in charge had clear oversight of risk in the centre and identified risks were regularly reviewed. A comprehensive risk register was maintained in the centre and incidents, accidents and near misses which occurred were trended on a weekly basis. The risk register contained identified risks relating to COVID-19 and the implications for residents, staff and stakeholders. While there was a policy in place relating to the management of risk (dated May 2020), this was found not to contain a number of sections outlined as required by the regulations.

The inspector completed a review of the measures taken by the registered provider to protect residents against infection. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment in the centre and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur in the centre. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Fire precaution measures were reviewed by the inspector who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. These systems were maintained and serviced on a regular basis by the registered provider. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency.

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The staff team and person in charge were knowledgeable of the different types of abuse and the actions required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. There was a safeguarding policy in place (dated January 2020) and a review of incident and accident data found that no safeguarding incidents had occurred since the centre was registered.

Regulation 17: Premises

The inspector found that the design and layout of the centre ensured that residents could enjoy living in an accessible, safe and comfortable environment.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre's risk management policy (dated May 2020) was found not to contain a number of sections required by the regulations.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the registered provider had taken appropriate action to prevent or minimize the occurrence of healthcare-associate infections in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate actions had been taken by the registered provider to ensure that residents, staff and visitors were protected in the event of a fire in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken appropriate action to safeguard residents from experiencing abusive incidents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported where possible to exercise choice and control in their daily lives while availing of the services of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Green Field OSV-0007892

Inspection ID: MON-0032086

Date of inspection: 18/02/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have been scheduled to complete Studio 3/PETMA training in the centre by the end of July 2021.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies in schedule 5 will be reviewed and amendments made to ensure they conform to schedule 5 regulations. This will be completed by May 2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk management policy will be reviewed and amended to ensure it includes all sections required by the regulations. This will be completed by the end of March 2021.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	31/03/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/03/2021

	risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	31/03/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	31/03/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	31/03/2021

	includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/03/2021
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	31/05/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Not Compliant	Orange	31/05/2021

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			