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:	Peamount Healthcare Disability Service Castlelyons
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0003504
Fieldwork ID:	MON-0034757

About the designated centre

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

This designated centre is comprised of thee houses and an apartment which are all located one one site in a suburban area of West County Dublin. It provides 24 hour residential support services for up to 10 persons with intellectual and or physical disabilities. The staff team is comprised of a person in charge, a clinical nurse manager, social care workers, staff nurses and health care assistants. There is a total staff team of 13.82 full time equivalents in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	09:15hrs to 14:00hrs	Thomas Hogan	Lead
Thursday 2 December 2021	09:15hrs to 14:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

From speaking with residents and from what the inspectors observed, it was clear that the registered provider had made improvements across a number of regulations which had resulted in enhanced outcomes for those availing of the services of this centre. In the time since the last inspection the registered provider had split the centre into two designated centres and appointed a person in charge of each. This facilitated greater oversight of the services provided in the centre and afforded the person in charge greater opportunity to drive ongoing quality improvement initiatives. While there had been good progress overall, the inspectors found that there remained a number of key areas which required further improvement and development to ensure compliance with the regulations.

This inspection was completed as part of a regulatory plan for this centre following an inspection which was completed in March 2021 where poor findings were identified and a warning letter was subsequently issued to the registered provider. A response to this letter included a service improvement plan and a decision was taken to afford the registered provider sufficient time to implement the actions contained in this plan before completing a follow up inspection. Overall, the inspectors found that the registered provider had implemented the actions they had set out in their service improvement plan for the centre.

During the course of the inspection, the inspectors met with and spoke in detail with five residents. All residents told the inspector that they were happy living in the centre and felt safe. They knew how to raise any concerns they ever may have with the relevant staff members. The residents told the inspectors about their day-to-day lives and the activities they enjoyed engaging in. Some residents were supported by staff to do some Christmas shopping on the day of the inspection and another resident was supported to attend a doctor's appointment. Another individual was visiting the centre with their family with a view to agreeing a date for admission to a vacant apartment. They were helping choose paint colours and furniture for the space.

The inspectors found that there was a relaxed and homely atmosphere in the centre on the day of the inspection. Some residents were knitting and crocheting while others were preparing meals, watching television or resting. The residents met with showed the inspectors their Christmas decorations which they had recently used to decorate their homes. The inspectors completed a full walk through of the centre in the company of the person in charge. The centre was found to be clean, in a good state of repair and suitably decorated throughout. All residents had their own bedrooms and there was adequate private and communal space provided.

The inspectors met with a number of members of the staff team during the course of the inspection. They reported that there had been improvements in the standard of care and support being provided to residents in the time since the last inspection of the centre. They added that the splitting of the centre into two had improved

accessibility to a manager. A number of staff members reported that the centre was operating in a safer manner following the recent changes which had been made.

While overall, there had been improvements across a number of key areas, the inspectors found that in some cases, the assessed needs of some residents were not being met in the centre. In addition, there was a need for installation of additional fire containment measures across most parts of the centre to comply with the requirements of the regulations. There was also a need to strengthen the governance and management arrangements particularly in the area of developing and implementing strong management systems. 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 inspectors found that overall, there had been improvements made in the manner in which the centre was operated and managed in the time since the last inspection in March 2021. The findings of the inspection demonstrated improved levels of compliance with the regulations and there was evidence available to show that there were ongoing quality improvement initiatives in progress. There was, however, a need for further improvement in a number of key areas to ensure that the assessed needs of residents were met and fire safety concerns were appropriately addressed.

The centre was found to be appropriately resourced to meet the assessed needs of the residents availing of its services. There was a person in charge appointed who clearly understood their role and responsibilities as outlined in the legislation, regulations and national policy. The management structures were clear, however, there was a need for the development and implementation of effective management systems to allow for greater oversight of the care and support being delivered. The registered provider had completed annual reviews and six-monthly unannounced visits to the centre as required by the regulations and was demonstrating an improved ability to self-identify many of the areas of non-compliance with the regulations which required improvement.

The inspectors found that there was a stable workforce employed in the centre. The number and skill mix of the staff team employed in the centre was appropriate to meet the needs of the resident group who were availing of its services. It was clear to the inspectors that there was good continuity of care and support which resulted in staff and residents developing good relationships. Staff members knew the residents and their individual support needs well including their means of communication.

Regulation 14: Persons in charge

There was a full-time person in charge in the centre and the inspectors found that they were suitably qualified and experienced. There was evidence available to demonstrate that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. It was clear to the inspectors that the person in charge had a good understanding and vision for the service to be provided in the centre and was motivated to support residents to live active and meaningful lives in their local communities.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe practices. The inspectors found that there were satisfactory arrangements in place for the supervision of the staff team.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was clear evidence that there had been significant improvement in the standard of care and supports being provided to residents in this centre in the time since the last inspection. The centre was found to be appropriately resourced and there was evidence of improved oversight of the care and support being delivered. While there had been some improvements in the management systems employed in

the centre, the inspectors found that this improvement was at an early stage of development and there was a need for a continued and sustained effort to ensure their effectiveness.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The contracts for the provision of services which were in place at the time of the inspection were found not to state the fees that residents were to be charged. In addition, the inspectors found that not all residents had agreed contracts in place.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy read procedures on display in the centre to support respite users when making a complaint and there was a complaints management policy in place also.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that resident were living an improved quality of life in this centre. Residents told the inspectors that they felt safe in the centre and that they were happy with the service they were in receipt of. There was evidence to demonstrate that the provider was moving towards a person-centred and human rights based approach to the provision of care and support. Residents, where possible, were participating in activities and roles within their local community and were supported by staff members where necessary to develop and maintain relationships.

The centre provided a safe, comfortable and homely environment for residents to live. The centre was purpose built and was fully accessible for persons with reduced mobility. Residents' pets were accommodated and the inspectors observed how the design and layout of the centre promoted independence and shared spaces

facilitated recreation and leisure.

The residents told the inspectors that they felt safe living in the centre and knew how to express any concerns that they may ever have. They had been assisted and supported to develop the knowledge, self-awareness, understanding and skills required for self-care and protection. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature.

Regulation 17: Premises

The premises of the centre were homely in nature and tastefully decorated in line with the wishes and preferences of the resident group. The centre was fully accessible to those with reduced mobility and there were examples of adaptations made such as height adjustable kitchen worktops, sink and hob for wheelchair users. The inspectors found that the centre was warm, clean and well maintained. The design and layout of the centre was found to ensure that residents could enjoy living in a safe, comfortable, homely and accessible environment.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. There were regular audits being completed along with a self assessment which were carried out on quarterly basis.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with emergency lighting. There were personal emergency evacuation plans in place for each resident which outlined the supports required in the event of a fire. Fire drills had been completed at regular intervals and included the participation of both residents and staff members. There were adequate means of escape provided, however, the inspectors found, that appropriate fire containment measures were not

in place within the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors found that the registered provider was not meeting the needs of one resident at the time of the inspection. There was a lack of clarity on the part of the management team as to the admission status of this resident, their assessed needs and the supports which were to be provided to meet those needs. The inspectors were informed that support plans which had been in place had been discontinued for reasons which were unclear. There was evidence to demonstrate that this resident was not appropriately placed in the centre. The inspectors also found that there was reduced access to allied health professionals within the organisation available to some residents when compared to other individuals availing of the services of the centre.

Judgment: Not compliant

Regulation 8: Protection

The inspectors found that the registered provider, person in charge and staff team demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspectors that they felt safe and knew how to appropriately report any concern about their safety. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Peamount Healthcare Disability Service Castlelyons OSV-0003504

Inspection ID: MON-0034757

Date of inspection: 02/12/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC to complete monthly audits and follow up on all areas identified for improvement. ADON IDS will continue to enhance governance and management structures of the centre with the appointment of the deputy PIC. ADON IDS continues to support PIC in management systems and structures of the centre, and ensure that any areas identified for improvement are addressed. ADON IDS will ensure the PIC and staff team are supported in their roles.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contract of Care has been reviewed and the fees that the residents are charged are clearly outlined in the Contract. The PIC will ensure that Contracts are made available in a format accessible to the resident and/or their representative and will identify any supports needed.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Funding is secured to upgrade the fire doors within the centre.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 5.1. A comprehensive assessment of resident needs has been developed and is in place. 5.2. The resident's needs have been assessed by relevant health care professionals. 5.3. The needs of a resident in the centre have been explored. Alternative accommodation options proposed by community services have not been in line with the will and preference of the resident. Alternative accommodation options will continue to be explored. The PIC will continue to support individuals in the centre to seek advocacy and community services in accordance with their individual preferences. 5.4a. All residents now have a personal plan in place within 28 days of admission to the centre which reflects the resident needs. 5.4b. All residents now have a personal plan in place within 28 days of admission to the centre which outlines the support required to maximise the resident's personal development. 5.4c. All residents now have a personal plan in place within 28 days of admission to the centre which is developed through a person centred approach and maximum participation of each resident.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/01/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	31/01/2022

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2022
Regulation 05(1)(b)	The person in charge shall 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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/12/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2021
Regulation 05(3)	The person in	Not Compliant		31/12/2022

	charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).		Orange	
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/12/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is	Not Compliant	Orange	31/12/2021

	developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			