

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Peamount Hospital
<b>Centre ID:</b>	ORG-0000468
<b>Centre address:</b>	Newcastle, Co. Dublin.
<b>Telephone number:</b>	01 601 0311
<b>Email address:</b>	ekeane@peamount.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Peamount Healthcare
<b>Provider Nominee:</b>	Robin Mullan
<b>Person in charge:</b>	Elaine Keane
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**The inspection took place over the following dates and times**

From:	To:
18 February 2014 10:30	18 February 2014 18:00
19 February 2014 09:30	19 February 2014 16:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration renewal process, interviews were carried out with the provider and person in charge.

Overall, the inspector found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. They had

established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

Residents and relatives spoken with were very complimentary about the staff with one relative describing them as ambassadors for the service. There was evidence of good practice in all areas. On the days of inspection the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Residents had access to on-site medical cover from a consultant geriatrician and his team and a range of other health services. The inspector observed adequate staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. However the risk management policy did not meet the requirements of the Regulations. There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

Significant improvements were required to the structure of the premises in order to comply with the Regulations. Other improvements required related to the volunteer files, the directory of residents and the complaints procedure. These are discussed further in the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Elaine Keane is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

She was well prepared for the inspection during which she demonstrated her knowledge of the Regulations and the Authority's Standards and her statutory responsibilities. All documentation requested by the inspector was readily available. The person in charge demonstrated good clinical knowledge and leadership in providing safe delivery of care.

The person in charge had maintained her continuous professional development. She had previously completed a diploma in front line management and a degree course in healthcare management and had plans in place to commence a Masters course in leadership in September. She was currently undertaking a course in enabling excellence which she found very beneficial.

The person in charge is supported in her role by an Assistant Director of Nursing (ADON) who deputises for her in her absence.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the directory of residents which was in electronic form. This did not meet the requirements of the Regulations. For example it did not include the cause of death of residents. Otherwise the inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

**Outcome 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge is supported in her role by two assistant directors of nursing (ADON) who deputise in her absence. The inspector met with the ADON with responsibility for the older person units and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

She told the inspector of work that had been undertaken as part of the hospice friendly hospitals initiative and outlined plans in place to continuously improve the service to meet the requirements of the Standards.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the protection of vulnerable adults. The staff spoken with confirmed that they had received training in the detection, response and investigation of any allegations of abuse. They expressed sufficient knowledge of the different forms of abuse and all were clear on reporting procedures. Training records reviewed indicated that all staff had received training.

Each resident had been provided with a locked press to safely store their own valuables and monies. A billing system had been introduced for residents who wanted to purchase their own newspapers. This was then handled through the central finance department who also managed several residents' finances. The inspector was satisfied that robust safe procedures were in place. In addition, an annual audit was carried out by an external auditor to ensure compliance with legislation and the policy.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected although further work was required to the risk management policy.

The risk management policy had been updated since the previous inspection but still did not meet the requirements of the Regulations. It did not include the precautions in place for such areas as self harm. There was a health and safety statement in place.

Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The environment was



kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had regular checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

### **Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. A comprehensive policy was in place which guided practice. Written evidence was available that three-monthly reviews were carried out. In addition the inspector saw posters on display in the units advising residents that they could speak to the pharmacist if they wanted.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Medication fridges were available in each unit a locked room and the inspector noted that the temperatures were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that the record of each incident was kept in the residents' file and all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning. Recommendations were made and implemented as appropriate. For example following a near miss incident, hazard warning signage was put on all cabinets storing chemicals.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were being completed on several areas such as medication management, continence care, falls, medication management, infection control and health and safety issues. The

inspector saw that the results of these audits were shared with all staff at team meetings. There was evidence of improvements being identified following these audits and interventions put in place to address them. For example additional staff training on continence wear selection had been provided following the continence audit. The results of the medication audits were being used to tailor the medication management training. A plan was in place for quality improvement priorities in 2014.

A multidisciplinary practice development committee had been set up and its function included policy reviews. Work undertaken included targeting specific policies for review. Data was also collected each week on the number of key quality indicators such as the use of psychotropic medication, the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

A survey on residents' satisfaction with meals was recently carried out and this is discussed in more detail under Outcome 15.

### **Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and the use of restraint and found they were well managed and guided by robust policies.

Weight management is discussed in more detail under outcome 15.

Residents had regular access to 24 hour medical cover from within the centre and they and their relatives told the inspector that they were satisfied with medical care provided. The inspector reviewed medical notes which confirmed that doctors attended residents both for routine review and if the resident was unwell. Residents had access to a range of multidisciplinary services who were employed by the centre. Physiotherapy, occupational therapy (OT), speech and language therapy (SALT) and dietetic services had regular input and social work services were available on a referral basis as were audiology services. The inspector noted the referral requests and the ongoing reviews and treatment plans from these services in residents' files.

Residents were seen enjoying various activities during the inspection. Activity coordinators were employed. Each resident's preferences were documented in their activity care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A social care plan had been added to the care plans to collect relevant data on hobbies, interests and other information such as important dates. A programme of events was displayed and included religious ceremonies, music, art and many more. A popular addition to the activities was the purchase of some chickens which several of the residents had identified as a previous interest. Relatives and residents continued to tell the inspector how much they enjoyed having the chickens which were now resident in the centre with several residents involved in feeding and caring for them.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Major

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

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

**Findings:**

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

The beds were arranged in ward style bays with insufficient space for residents or the safe use of equipment such as hoists. Residents and relatives commented on this lack of

space which impinged on their rights to privacy and dignity. Residents and relatives also commented on the noise levels particularly at night. This was mainly attributed to other residents who were sometimes restless. There was insufficient storage space for equipment and some equipment was seen stored behind screens in the sitting area and in unoccupied rooms. Two seating areas were provided on each unit and although sufficient in size, these were used for other purposes as well, such as storage for equipment and physiotherapy sessions. A smaller private sitting room was also provided for residents or visitors. A single room had been set aside on each unit and was used as needed, for example, for end of life care or management of specific infections. There were a sufficient number of wheelchair accessible toilets, showers and specialised baths for residents use. However, access to the toilet and bathroom areas was through the day room.

There were centrally located dining areas in each unit which were bright and comfortable. The designated smoking areas were located off the dining rooms.

The inspector noted that improvements had taken place since the last inspection including the upgrading of the sluice and cleaners rooms. The buildings were found to be clean and bright and had recently been painted. Staff had continued to create as homely an atmosphere as possible given the limitations of the building. Residents had personalised their own bed spaces with photographs, mementoes and displayed some of their artwork.

Safe and secure garden space was available with an enclosed garden directly accessible from one unit. Garden furniture was provided. The extensive external garden area had seating areas and well maintained lawns. Many of the residents commented that they enjoyed looking out at the grounds and spending time outside when the weather was nice.

Appropriate assistive equipment was provided to meets residents' needs such as hoists, seating, specialised beds and mattresses. Service contracts were in place and maintenance records for equipment were up to date.

### **Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The inspector noted that improvements had occurred to complaints management since the previous inspection but further work was required. The policy had been updated but this did not meet the requirements of the Regulations. For example it did not contain information on the person separate to the complaints officer who was responsible for reviewing complaints to ensure they were responded to appropriately and that records were being maintained as required by the Regulations.

Otherwise complaints were well managed. The procedure was prominently displayed. A log was maintained and contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. Residents said they knew who to speak to if they wished to make a complaint. Staff members were knowledgeable about their role in responding to complaints.

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

The centre was part of the hospice friendly hospitals initiatives. The person in charge and ADON discussed plans to further improve the service provided including carrying out a baseline audit to benchmark the service against best practice and the information provided by the Authority. An audit already completed in 2013 indicated that additional training on symptom management was required and the inspector saw that this was delivered in 2013. Although space was limited, additional facilities were set aside for the relatives and refreshments were provided. The local palliative care team provided support and advice when required.

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The catering staff discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory. Residents confirmed that they enjoyed the food.

Staff were seen to assist residents discreetly and respectfully if required. In addition specialised equipment such as plate guards was available to promote residents' independence. The inspector saw that particular care was given to the presentation of meals that required an altered consistency. This was the subject of on going improvements both in terms of choices and presentation.

The inspector visited the kitchen and saw that it was clean and well organised and appropriately stocked with adequate supplies of meat, fruit and fresh vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector noted that following residents' meetings described under Outcome 16, suggestions made relating to meals had been acted upon.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was concerned that the unsuitability of the premises in particular the multi-occupancy bay areas impinged on residents' privacy and dignity but this is discussed under outcome 12.

Despite this, staff were observed knocking on toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote both in-house or through postal ballot during the referendums.

Mass took place on a daily basis in the church on the grounds while a monthly service was held in each unit. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs. Residents told the inspector how important this was to them.

A residents' committee was established within the centre. The inspector read the minutes of some meetings and noted that residents had made suggestions and these had been taken on board. For example, suggestions had previously been made to develop an identification board to assist residents and relatives in identifying the staff. The inspector saw that this was now in place. A resident satisfaction survey was also carried out looking at areas such as autonomy, routines, privacy and dignity. Issues arising from this had been addressed. The person in charge was also aware that noise levels at night was a source of frustration for some residents. As discussed under outcome 12, it was acknowledged that the current premises with open style accommodation contributed to this issue.



**Outcome 17: Residents clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents could have their laundry processed in the centre. Residents expressed satisfaction with the service provided and the safe return of their clothes to them. The inspector visited the laundry and saw that it was well equipped, clean and organised. The inspector spoke to a staff member working there and found that she was knowledgeable about the different processes for different categories of laundry.

New wardrobe and lockers had been provided to all residents and the inspector saw that residents clothes were neatly stored.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Although there was ample evidence of good practices, further improvement was needed to ensure that the documentation maintained for volunteers met the requirements of the Regulations.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However, their roles and responsibilities were not set out in a written agreement as required by the Regulations.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete. previous action relating to photographic identification had been addressed

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents.

An extensive training programme was in place and included clinical issues such as dementia care, communication and managing swallowing difficulties. Staff confirmed that they were given the opportunity to attend these courses.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Peamount Hospital
Centre ID:	ORG-0000468
Date of inspection:	18/02/2014
Date of response:	19/03/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 04: Records and documentation to be kept at a designated centre

**Theme:** Leadership, Governance and Management

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

The directory of residents did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The directory of residents is maintained by medical administration using HSE IT system (PAS). The GP's contact number will be included in this database for all residents. The cause of death cannot be recorded in the same database but will be noted in each service user's healthcare record and in the death certificate book.

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

Proposed Timescale: 19/03/2014

### Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

The risk management policy did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

A draft Risk Management policy has been developed to ensure full compliance with the regulations. This will be approved by management team in the coming weeks, following circulation and consultation.

Proposed Timescale: 30/04/2014

### Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The premises were not suitable for the purposes of achieving the aims and objectives set out in the statement of purpose and do not meet the requirements of the Regulations and the Authority's Standards.

**Action Required:**

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

Peamount Healthcare has engaged a design team and is currently undertaking a master planning exercise for the replacement of 100 residential beds. This is the final step before a formal planning application. Peamount Healthcare has formally submitted its Capital Development Plan and costings to the HSE for funding. The urgency of the funding approval has been outlined at a recent meeting (IMR) with HSE and a meeting with the Director of Social Care (Pat Healy) has been sought to agree next steps.

Timescale to be confirmed with the HSE.

**Proposed Timescale:**

**Theme:** Effective Care and Support

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

The current premises did not meet the needs of each resident. The beds were arranged in bays with insufficient space for residents.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

As above.

Timescale to be confirmed with HSE.

**Proposed Timescale:**

**Theme:** Effective Care and Support

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

There was insufficient storage space for equipment and some equipment had to be stored behind screens in the sitting area and in unoccupied bays.

**Action Required:**

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

As above.

Timescale to be confirmed with HSE.

**Proposed Timescale:**

**Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

The complaints policy did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are

appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

Peamount Healthcare has revised the Complaints Policy to ensure compliance with the above regulations.

**Proposed Timescale:** 19/03/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Volunteers did not have their roles and responsibilities set out in a written agreement.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

Peamount Healthcare is currently drafting a Volunteer's agreement outlining the roles and responsibilities for volunteers.

**Proposed Timescale:** 31/03/2014