Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare Older Persons Service
Name of provider:	Peamount Healthcare
Address of centre:	Newcastle, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 September 2024
Centre ID:	OSV-0007786
Fieldwork ID:	MON-0044110

About the designated centre

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

Peamount Healthcare (Older Persons Services) is an independent voluntary organisation which can accommodate 50 residents, both male and female, over the age of 65. Residents are accommodated in 42 single occupancy rooms and four double occupancy rooms. Each bedroom has direct access to the garden, and dining rooms, sitting rooms and quiet rooms are available to residents. The centre is located in Newcastle, Co. Dublin. Residents are admitted under the care of a consultant geriatrician and have 24-hour access to a member of the on-site medical team. Continuing care services are provided to residents with a range of needs, including cognitive impairment, dementia, stroke, physical disabilities and palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
Wednesday 18 September 2024	09:20hrs to 16:20hrs	Helen Lindsey	Lead
Wednesday 18 September 2024	09:20hrs to 16:20hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Inspectors found that Peamount Healthcare Older Persons Service was a well-run centre where residents were supported to enjoy a good quality of life.

The inspectors spent time in the centre, speaking with residents, families and staff, to see what life was like for residents living at Peamount Healthcare Older Persons Service. The centre had a calm and friendly atmosphere. Overall, residents told the inspectors that they were happy in the centre and one resident informed inspectors they were "thrilled with the nursing home and all the staff", another said "you won't find a better home in all of Ireland". One resident was celebrating a birthday on the day of inspection, and the residents in the communal room were enjoying cakes and treats with them, among the birthday decorations. The family members spoken with praised the staff at Peamount Healthcare Older Persons Service stating they are "very accommodating and engaging". Inspectors observed staff assisting residents in an unhurried manner and it was evident that staff had a good relationship with residents.

The centre is laid out on the ground floor across two units and support services such as laundry and kitchen areas are located on the grounds of Peamount Healthcare. Residents had access to many communal spaces such as dining rooms, sitting rooms, and visitor's room. Residents also had access to a courtyard from their bedrooms or communal spaces. Staff reported the use of some rooms was under review, and a new TV had been ordered to go in one dining room, to give residents more options on where to spend their time.

Most bedrooms were single with an en-suite bathroom. Residents were seen to have personalised their rooms to their tastes, with pictures, ornaments and plants in some cases. Twin rooms afforded residents sufficient space and privacy screens to ensure they could undertake activities in private.

On arrival and during the walk around of the centre, the inspectors observed breakfast set out on food warmers in the dining room. Residents had the option of different cereals and hot breakfast options. This approach supported residents to see what food options were on offer, and also to experience the smells associated with breakfast, such as toast and bacon. Inspectors also observed lunch being served to the residents. There were two lunch sittings, one for residents who required assistance and this was held in the sitting room while the second sitting was in the dining room. For those residents who required assistance, there were plenty of staff available to provide assistance and staff were observed doing so in a kind, and unrushed manner. Residents' feedback about the quality and quantity of food provided was overall positive, with residents saying "the food is lovely", and "nothing to complain about". One resident expressed displeasure about the variety of food and said it was "mundane" and another commented the food was very soft. The provider had completed a survey with residents about the service they received. While 81% reported they were happy with the food, 11% reported they were not.

Residents had provided detailed feedback regarding the timing of meals, quantities and temperature. There was an action plan in place to address the feedback received.

Activities schedules was available on the notice boards throughout the centre and the schedule changed weekly. There were photos throughout the centre of residents and staff enjoying different activities held within the centre. On the day of the inspections residents were participating in baking cupcakes with the activities coordinator, others were taking part in a quiz, or spending time in their bedrooms if they chose. Records of activities showed there was a wide variety of activities both within the centre, and also trips out. The centre had access to a vehicle, which enabled them to visit local places of interest on a regular basis.

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 the quality and safety of the service being delivered.

Capacity and capability

This was a well-managed centre, with well-established and effective governance and management arrangements in place. There was one area for improvement relating to complaints, this was following a change to the regulations which occurred in March 2023.

The compliance plan from the last inspection that stated how the provider was going to address any improvements was followed up. All areas were seen to have been resolved. For example, the directory of residents now included information about residents' general practitioner and the date of discharge for anyone who had left the centre.

This was an unannounced risk inspection carried out over one day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The provider of this centre is Peamount Healthcare, and a voluntary Board of Directors governs the centre. There was a person in charge, who was supported by a Clinical Nurse Manager team, nursing staff, healthcare assistants, and other household staff. All staff were very clear on their role in the centre and were seen to be providing person-centred care to residents.

There was a clear management structure in place, and staff were clear about who they reported to. Residents were also familiar with the management team and were seen to be chatting with them as they moved around the centre. Inspectors observed there were sufficient resources to support the operation of the designated

centre, including staffing, maintenance of the building and services for residents. The premises were maintained to a good standard, and residents reported they were comfortable and liked the accommodation.

The registered provider had a range of management tools to support them in overseeing the operation of the nursing home, and ensuring residents' needs were met. This included an audit program covering all aspects of the service. A sample of audits were reviewed, and they were found to assess a wide variety of areas of practice, for example, care plans, medication management, resident satisfaction and falls prevention. All audits had an action plan in place that named an individual as responsible for completing agreed tasks and timelines for the issues to be addressed.

There was also a live register to monitor and respond to risk in the centre. Information was reviewed regularly, and updated to ensure actions were being taken to reduce or eliminate risk. There was an annual report in place that included the feedback from residents about the service, and also an action plan for quality improvement in 2024. It was seen that the plans for 2024 were being put in place, for example increasing the number of activities staff available in the centre.

Inspectors reviewed a register of complaints that had been made in the centre. Mostly the recent complaints were in relation to missing items, and records showed the complainant was satisfied with the providers response to their complaint. While there was a named complaints officer, information available for residents about how to make complaints, and a responsive culture when complaints were received, improvements were required to the policy, and availability of records pertaining to complaints in the centre.

Regulation 19: Directory of residents

The registered provider had reviewed the information available in the directory of residents, and inspectors confirmed all elements as required by the regulations present.

Judgment: Compliant

Regulation 23: Governance and management

There were well-developed management and oversight arrangements in place to ensure residents received a good quality of health and social care. The registered provider used a variety of tools and approaches to monitor the operation of the service, and the care and support delivered to residents. Where their internal audits identified improvements were required, records showed that steps were taken to address them. For example, while care records were assessed and found to be 90%

correctly completed, there were clear records of advice given to staff to ensure the gaps were addressed.

The centre was well-resourced, and benefited from services on the wider campus to compliment the care delivered to residents, such as access to a pharmacist, complaints officer, and medical support.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications were received in the time-lines set out in the regulations. Following a review of incident records, inspectors were assured relevant matters were being reported, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints policy in place, it had not been updated to reflect the revised regulations for older persons that had taken effect in March 2023. Areas of the policy that required updating included:

- the time lines in which complaints would be investigated
- that support will be provided to support advocacy services if required

Inspectors reviewed how the registered provider was managing complaints. There was a complaints officer who supported all complaint management on the campus. They were able to clearly describe the steps the took to manage any complaints that were received. While action had been taken to respond to each complaint, not all records were available to evidence that complainants had received a written response to their complaint, as required by the regulations.

Judgment: Not compliant

Quality and safety

Inspectors were assured that residents living in the centre were being supported to enjoy a good quality of life. Residents' health, social and spiritual needs were met to a good standard. Residents were supported to maintain their independence and it

was evident there was a commitment to delivering person-centred care. Residents who spoke with inspectors told them they were happy living in the centre. One said 'you couldn't find a better home in all of Ireland' another said they were 'very happy'.

Residents' care documentation was maintained electronically. Residents' care plans were developed following an assessment of need using validated assessment tools. Inspectors found there were improvements in residents' care plans since the last inspection. Following a review of a sample of comprehensive assessments and care plans, care plans were seen to be personalised and reflect residents' wishes and preferences. They were updated at regular intervals and included sufficient detail to guide staff in the provision of care to residents.

Staff were observed to communicate appropriately with residents with communication difficulties. They afforded time for the residents to express themselves and did not hurry them. A review of the residents' records showed that when a resident had a communication difficulty, care plans were up to date and personalised. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff and staff spoken with knew them well.

Improvements were made following the last inspection to ensure residents dietary needs were reflected in their care plans. Inspectors observed that the meals served looked appetising, and different food consistencies served to residents throughout the days of inspection reflected their assessed needs. Recommendations from Speech and Language Therapists and Dietetics were available on a handover sheet for kitchen staff. Residents who were able to speak with inspectors gave a variety of views on the meals, some thought the food was lovely, one other described the food as mushy.

Inspectors observed that residents were provided with sufficient storage, and each had a lockable space for their personal possessions. Complaints records showed there had been issues in relation to clothes going missing but a new system was put in place in June and improvements have been seen in relation to this.

Improvements were made following the last inspection in relation to person-centred care. Inspectors observed that resident's rights were prioritised and promoted in the centre. Staff were seen to be engaging and had meaningful social interactions with residents throughout the day and during meal times. Resident's privacy and dignity was supported as seen with blinds were now closed during personal care and manual handling procedures for residents.

The inspectors verified that there was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent and adequate banking arrangements were in place for the management of these finances.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. Staff were knowledgeable of residents who had communication difficulties. The inspectors found that each resident's communication needs were regularly assessed and a clear, concise and person-centred care plan was developed.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables. If they wished residents' clothes were laundered regularly with identifiable tags attached. Action had been taken by the provider to ensure laundry items were not lost, and this had reduced the complaints being made.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

The provider had sought feedback from residents on the quality of meals. While most residents were satisfied, the provider was reviewing the feedback in relation to some feedback received around the quality and timing of meals.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and validated assessment tools. These were seen to be detailed and person-centred, and were able to guide care for the medical and nursing needs of residents.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Where residents had specific health needs, the type of support and treatment required was clearly documented, for example in relation to dietary needs, or skin care.

While good practice was seen overall, a sample of care plans were reviewed in relation to residents that were involved in an allegation, suspected or confirmed of abuse and there were no safeguarding care plans for these residents completed to ensure the risks that presented were being managed appropriately. This required review to ensure procedures in the centre fully set out residents support needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Residents who displayed behaviours that challenge were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff. Appropriate behavioural analysis tools such as the Antecedent-Behaviour-Consequence (ABC) chart were utilised to identify trends and triggers to behaviour.

All restrictive practices were reviewed by a multidisciplinary team on a regular basis to ensure the approach continued to be the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

The registered provider took reasonable measures to protect residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may be considered as abuse, and the appropriate actions to take.

The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days of the week, and were able to choose where and how they spent their time in the centre. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers. Independent advocacy services were available to residents, and their contact details were on display.

Records showed that residents' meetings took place on a regular basis, and this enabled residents to give feedback on the operation of the centre. Topics discussed at the most recent meeting included decorating the centre, the summer party, social trips and activities, the canteen, the chapel, and advocacy services. The registered provider had completed a thorough survey with residents to get feedback on all aspects of the service. Scores in all areas were high, with some suggestions from residents for improvements in relation to meals and activities.

There was also a communication steering group, that included residents. The purpose was to ensure there was benefit to the residents from the speech and language therapy team.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Peamount Healthcare Older Persons Service OSV-0007786

Inspection ID: MON-0044110

Date of inspection: 18/09/2024

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This 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 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints policy is under review to reflect the revised regulations for older persons; to include the timelines in which complaints would be investigated and the support will be provided to support advocacy services as identified. The shared folder is now locally accessible to evidence the complainants have received a written response within the timeframe.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: EpicCare team had been contacted to add a safeguarding care plan template to support residents needs as identified. All staff will be made aware of this new care plan template and will continue to discuss it at the safety pause meetings.	

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 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	06/01/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and	Substantially Compliant	Yellow	06/01/2025

	details of the review process.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	06/01/2025
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	06/01/2025
Regulation 34(4)(b)	The registered provider shall ensure that a resident (b) is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant or not.	Not Compliant	Yellow	06/01/2025
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance	Not Compliant	Yellow	06/01/2025

	to a complainant, as is necessary, for the complainant to understand the complaints process.			
Regulation 34(5)(a)(ii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (ii) make a complaint in accordance with the designated centre's complaints procedure.	Not Compliant	Yellow	06/01/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	12/11/2024