

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Markree Services
<b>Centre ID:</b>	OSV-0002612
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

From:	To:
05 December 2017 10:00	05 December 2017 17:30
06 December 2017 09:00	06 December 2017 11:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The designated centre was part of the service provided by the Health Service Executive (HSE) in Sligo and provided full-time residential services to adults with a disability.

How we gathered our evidence:

During the inspection the inspector met with eleven residents and seven staff, including the person in charge, the person participating in management and provider's representative. The inspector observed practices at the centre and reviewed documentation such as personal care plans, medical records, policies and staff files.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was based in a campus setting and in close proximity to three other designated centres.

#### Overall findings:

The inspector found that residents had a good quality of life at the centre and were supported to access a range of activities, which reflected both their interests and personal goals. Residents were unable to tell the inspector about the quality of service they received; however, the inspector observed during the inspection that residents were comfortable, happy and relaxed with the support they received from staff. The inspector found that residents' rights were promoted and they were supported to play an active role in the running of the centre through engagement at weekly residents meetings. The centre was well-maintained and its layout and design reflected residents' assessed needs. During the inspection it was found that improvement to the premises was required, regarding shared bedrooms. While schedule 5 policies had been improved since the last inspection, further review was required regarding the recruitment and retention of staff policy. In addition, on review of staff files the inspector found that Garda vetting was not available or provided at the time of inspection.

#### Summary of regulatory compliance:

The centre was inspected against 18 outcomes. The inspector found compliance in 15 outcomes with two outcomes found to be substantially compliant. One outcome relating to workforce was found to be in major non-compliance with the regulations.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector reviewed the actions required from the previous inspection and found that they were satisfactorily implemented.

The provider had installed new privacy curtains and rails in shared bedrooms in the centre. This allowed for increased privacy for the residents in these rooms. The curtains matched the general décor of the bedrooms and were unobtrusive when not in use. Inspectors observed that staff interacted with residents in a manner that respected their privacy and dignity. Residents and visitors had access to a recently decorated visitor's room in the centre where the residents could meet friends and family in private.

The inspector reviewed a sample of activity plans for residents. Each resident had activities that were personal to them and met their likes and interests. Additional dementia specific activities were in place for residents who required these. These activities met the resident assessed needs. Schedules and records reflected how residents were afforded the choice of individual activities or group activities. Staff who spoke with the inspector were knowledgeable of resident's individual activity schedules and personal interests.

Residents were consulted about how the centre was run with house meetings discussing activity choices, grocery shopping and social outings.

Residents were informed of the advocacy service available to them at the house meetings. Information on the advocacy service and complaints process was available in an accessible format. Advocacy was available in the centre and information on how

residents could access to this service was displayed throughout the centre.

There was a process in place for managing and recording complaints. The inspector reviewed the complaints records and found that there were no active complaints. A complaint from the previous year was recorded and managed in line with the centre's policy. The outcome of all complaints were also recorded.

The inspector reviewed the system in place for managing resident's personal property and money. Inspectors found that personal property of value was recorded. Receipts were kept for each resident to account for their personal spending on activities and personal items. Staff worked in-line with the organisational policy regarding management of residents finances.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

There was a policy in place on communication with residents.

The inspector spoke with staff and found they were knowledgeable of each resident's communications needs. Each resident had a communication assessment completed and there was guidance available in care plans on each resident's assessed communications needs.

Residents had radios in their bedrooms and there was a television in the main living room and radios in the communal areas of the centre. During the inspections residents were listening to music of their choice in their rooms and watching television with others. Internet was accessible to all residents and a tablet was provided for residents use.

Residents had access to the local community and staff would support residents to go shopping or visit their local pubs and communities.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that positive relationships between residents and their families were supported. Staff who spoke with inspectors were knowledgeable about the residents' families and their involvement in residents' lives. Staff would support residents to attend family events and gatherings as they occurred.

Staff were in regular contact with residents' families regarding the residents' wellbeing. Inspectors saw evidence that families attended or were kept informed of developments regarding residents and their personal planning meetings.

Residents were supported to receive visitors. There was a policy in place in relation to visitors to the centre and there was a private visitor's room for residents and families to use.

Residents were supported to maintain links with the wider community in line with their interests and choices.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**  
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There were policies and procedures in place to manage admissions, transfers and

discharges from the designated centre. All admissions were in line with the statement of purpose.

The inspector reviewed the admission process and found that it took into consideration the wishes, needs and safety of the individual and the safety of the other residents living in the centre. The policy outlined how new admissions would be managed and set out a period for review of new admissions to ensure all residents were safe and appropriately placed in the service.

Each resident had a written contract in place which outlined the services to be provided in the centre and details of any additional charges. All contracts were signed by the representative of the provider and a representative of the resident. In addition, all contracts were provided in an accessible format. All charges were outlined on a daily basis to ensure that residents and their representatives were clear about the daily charge for the service provided.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Each resident had a social care needs assessment in place. Inspectors saw evidence that these assessments were reviewed and updated to reflect changes in need. Each assessment was reviewed on an annual basis along with ongoing updates, in line with residents' changing circumstances.

The inspector found that each resident's family were engaged in the assessment process and this allowed residents' needs and choices to be identified.

The inspector reviewed three personal plans in place. The personal plans were available in an accessible format for the residents. Each plan had goals set that were individual to each resident. These goals were reviewed regularly with the date of achievement

recorded beside each goal as they were achieved. Personal plans were reviewed on a regular basis and family members were involved and kept informed of any changes in reviewed plans.

There was a system in place to support residents moving between services. The service provider had prepared guidance for residents on moving to a community based centre. Where a potential place in the community was identified inspectors saw that residents and their families were consulted about the process and new community houses.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The design and layout of the centre was in line with the centre's statement of purpose. The centre was accessible by the residents, some of whom were wheelchair users. The centre had accessible bathrooms and showers for the residents use. However, further improvement was required to ensure that all residents had adequate privacy in the centre.

The centre was suitably decorated with bedrooms personalised for each resident. There were two shared bedrooms in the centre which did not provide sufficient private space for the residents who used these rooms, although curtains had been installed, which provided some privacy between the beds. The provider had plans to de-congregate the current centre with suitable community houses being sourced. There was no evidence of consent to living in shared bedrooms in the personal plan. In addition, the residents affected were non-verbal.

The living and dining areas had sufficient furniture and seating for the residents to use. The centre had sufficient communal accommodation and the inspectors observed that residents could choose to spend time relaxing in their rooms or in the main living areas with the other residents.

Each resident had sufficient storage for their personal belongings in their rooms. The

kitchen was equipped with cooking facilities and a range of kitchen implements. Staff were using the kitchen to prepare and bake meals for the residents.

An additional storage room for hoists and equipment was recently completed. This room allowed necessary equipment to be stored separately from living and communal areas in the centre.

There were suitable arrangements in place for the disposal of clinical and general waste.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the centre had effective systems to ensure the health and safety of residents, visitors and staff was protected and promoted.

The centre had policies and procedures in place relating to risk management and health and safety. Identification and management of risks, control measures and learning formed part of the risk recording system in place in the centre. All residents had individual risk assessments as part of their personal plans, which supported their choices and preferences in relation to maximising and promoting independence.

There were adequate precautions against the risk of fire in the designated centre. Fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Evacuation plans were completed for all residents. Drills had occurred and learning was evident from the drills completed, as per a review of the fire records. Training records were reviewed and all staff working in the centre had completed fire training. Drills were also completed with the minimum number of staff available. The provider had also ensured that an external person observed and provided guidance when these drills were completed. This provided further guidance and identified learning on each occasion.

There was an emergency plan in place which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. All staff spoken with were informed of these plans.

There was a policy in place for infection control and all staff were trained in

management of infection control.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The centre had policy and procedures in place for the prevention and detection of abuse. All staff had received training in the prevention and detection of abuse from review of the training records.

The inspector spoke with staff and found that they were informed and aware of how to manage concerns of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse.

The inspector observed that residents were treated with respect and dignity at all times during the inspection. Staff had received training in behaviour management approaches and there was a policy and procedure in place to guide and support staff. The inspector found evidence in personal plans of on-going reviews and multidisciplinary support through psychology and behaviour therapists.

There was a policy in place on the use of restrictive procedures. The inspector found that where restrictive procedures were in place, there were reviewed by allied health professionals and management at the centre, for example, bed rails and lap belts.

**Judgment:**

Compliant

**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 Services

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed a record of all notifications that had been submitted to HIQA which was kept at the centre.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The centre was found to provide residents with opportunities to engage in new experiences, social participation, education and training needs which had been identified in the residents' personal plans.

Residents were actively involved and consulted about the day-to-day running of their centre. The centre had a policy on accessing education, training and development.

The inspector found that the centre provided support and activities based on all residents assessed needs, on review of their personal plans. Activities were in place to meet the aging needs of residents.

**Judgment:**

Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found each resident was supported to achieve and enjoy the best health possible. Residents' healthcare needs were met, with timely access to healthcare services and appropriate treatments. Residents had access to local general practitioners (GPs) of their choice. Residents also had access to healthcare specialists, as required; including dietitians, chiropody and neurology services. The centre maintained a clear record of each resident's last visit to these professionals and of when their follow-up appointment was due.

Resident had access to a dining and kitchen area which was fully equipped with cooking appliances. Residents had support from staff with eating and drinking, where required and assessed in their personal plans. In addition, meals were also prepared and provided by a catering facility in line with residents assessed needs and choices.

**Judgment:**

Compliant

### **Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Overall, the inspector found that the centre's medication arrangements reflected organisation's policies and procedures. In addition, actions required from the previous inspection had been addressed as inspectors found that written directions for medication administration were legible on the sample of medication records reviewed.

The inspector reviewed residents' medication records and found that they contained prescription records and included residents' personal details, as well as information on prescribed medications such as administration times, route and dosage. The centre maintained an up-to-date signature bank of staff trained to administer medication as part of the residents' medication administration records.

Furthermore, the inspector observed that medication was stored securely at the centre, with out-of-date medication being segregated from current medications. Out-of-date or discontinued medication was returned to a local pharmacy.

Regular medication audits were carried out by the person in charge and staff working in the centre. In addition, audits were also carried out by the pharmacist attached to the centre. This ensured that the centre's practices were in-line with the provider's policies.

Residents self-medicating assessments were completed and stored in the medication file.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service 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

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

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

**Findings:**

The inspector found that the statement of purpose was informative, described the services provided in the designated centre and met the requirements of the regulations. The inspector found that not all rooms were included in the list of rooms in the centre. The person in charge reviewed this and made the required amendments during the inspection.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure that identified the lines of authority and accountability in the centre.

The person in charge had overall responsibility for the centre. They were supported by the provider's representative and a person participating in management. The person in charge was found to have a good knowledge of each residents' needs and of the operational management of the centre. The person in charge held an administrative role and visited the centre on a daily basis and met with residents and staff.

There were management systems in place to ensure the service provided to residents was safe and effectively monitored. The person in charge held regular staff meetings in the centre, where topics specific to the operation of the centre were discussed. Various monthly meetings were also attended by the person in charge, including governance meetings and incidents review meetings.

The annual review of the service and six monthly unannounced provider visits were occurring within the centre. These reports were available to inspectors during the inspection. Action plans were developed following each visit and review, to demonstrate how the provider planned to address the areas of non-compliance. All actions were found to be completed within agreed timeframes. The provider's representative outlined plans to ensure de-congregation of the centre was completed in line with the organisation's plan.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had suitable arrangements in place in the event of the person in charge's absence over 28 days.

The person in charge confirmed their understanding of the requirement under the regulations to inform the Health Information and Quality Authority (HIQA) of absences over 28 days. Inspectors found that there had been no instances to date of the person in charge being absent over 28 days. Staff were also aware of management arrangements in place in the event of this occurrence which was also reflected in the statement of purpose.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was appropriate resources allocated to the centre. Staffing arrangements were sufficient to meet the needs of all residents in the centre.

Staffing levels and resources at the centre were sufficient to meet residents' needs and reflected their personal plans and risk assessments.

In addition to sufficient staffing levels, the inspector found that suitable transport was available, enabling residents to access and engage in the local community.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that the provider had implemented the required improvements from the previous inspection. All relevant staff members had up-to-date registration with their professional body.

There was a system of supervision in place for staff in the centre. This informed and improved practice. Additional educational and training needs were also being identified for staff to improve the service.

There was an actual and planned staff rota in place. The number and of staff in the centre was sufficient to meet the assessed needs of the residents. Inspectors observed that residents received assistance in a timely and respectful manner. Staff, who spoke with the inspector, spoke fondly of the residents in the centre.

There were no volunteers in place at the centre, on this inspection.

The inspector reviewed staff files and found that they did not meet the requirements of schedule two of the regulations. For example:

- Garda vetting was not available in all staff files, at the time of inspection.

**Judgment:**

Non Compliant - Major

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the person in charge had ensured that all documentation pertaining to the care and welfare of residents were managed in this centre.

The inspector found that schedule 3 documents were available and comprehensive on the day of inspection.

Documents as required under Schedule 4 of the regulations were available on the day of inspection. This included a record of each fire practice, drill or test of fire equipment (including fire alarm equipment) conducted in the designated centre and of any action taken to remedy any defects found in the fire equipment.

Schedule 5 policies were incomplete on the day of inspection. The inspector found that a policy relating to recruitment and retention of staff was absent on the day of inspection.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0002612
<b>Date of Inspection:</b>	05 & 06 December 2017
<b>Date of response:</b>	29 December 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The centres layout did not meet the needs of residents.

#### 1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

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

Transition plans are in process in the centre, when this transition plan commences shared bedrooms will be converted into single bedrooms.

**Proposed Timescale:** 30/09/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge had not ensured that Garda vetting was available for review on the day of inspection.

**2. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Information and documents specified in Schedule 2 will be obtained for all staff. Garda disclosures that have been requested will be forwarded to the regulator.

**Proposed Timescale:** 31/01/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The provider had failed to ensure that there was a policy in place for the recruitment and retention of staff in the centre.

**3. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A local policy on recruitment and retention of staff in the centre is now completed.

**Proposed Timescale:** 29/12/2017

