

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Markree
Centre ID:	OSV-0002612
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joanna McMorrow
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 May 2017 08:32 To: 04 May 2017 18:00

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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of

compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for residents and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

How we gathered our evidence:

During observed residents living at the centre and the inspector observed that the residents were happy, supported in a timely manner and treated with respect during interaction. In addition, the residents appeared comfortable with the support they received from staff and this was provided in a timely manner for the residents.

The inspector reviewed documentation such as personal plans, policies and procedures, staff files, training records, internal management audits and rosters. The inspector found that staff were knowledgeable in the support required by the residents.

Description of the service:

The provider had provided a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector that although the service was provided as described in the centres statement of purpose, it did not contain all of the information as required by schedule 1 of the regulations.

The designated centre was part of the service provided by the Health Service Executive in Sligo. The centre was located within a larger premise in a campus setting which also comprised two other designated centres. The centre was located close to a local town and amenities.

Overall findings:

The inspection did not look at all aspects of the centre and focused on actions the provider had put in place to address the findings from the previous inspection of the centre on the 6 and 7 of December 2016.

The inspector found that since the previous inspection, the provider had made improvements to the centre to meet residents needs. The centre had also provided opportunity to the residents to access the services on the campus in addition to community based activities. The inspector noted that there had been continued improvement to enhance the overall living environment and provide a homely environment for the residents.

The centre was inspected against thirteen outcomes. The inspector found Major non-compliance in two outcomes relating to premises and workforce. Moderate non-compliance was found in 4 outcomes in relation to; communication, social care goals, health and safety and governance and management. Substantial compliance was found in three outcomes, policies and documentation, medication management and

statement of purpose. Compliance was found in 4 outcomes regarding; privacy and dignity, service agreements, safeguarding and health care needs.

The reasons for these findings are explained 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 noted that all actions from the previous inspection had been addressed by the centre.

Not all aspects of this outcome were reviewed on the day of inspection. The inspector found the actions required from the previous inspection were completed the actions within the agreed timeframes, as submitted to in the action plan response submitted to the Health Information and Quality Authority (HIQA).

1. Privacy screening was installed in shared bedrooms.
2. Thumb turn locks were installed in all residents bedrooms to provide opportunity for privacy.

The inspector found that finance records were in place in line with the local policy and were also stored appropriately. This was monitored by the person in charge and a process of audits had commenced to monitor practice by the person in charge.

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):

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

Findings:

The inspector found that actions required from the previous inspection remained outstanding.

The inspector did not look at all aspects of this outcome but focused on the residents access to internet in the designated centre. The inspector found that one resident had purchased a computerised device; however, this was only used when in day services. The internet was still not available for residents in the designated centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector found on the day of inspection, that all written agreements were in place and signed. All relevant costs were clearly outlined in the written agreement, which ensured a transparent process was in place for the residents.

Not all aspects of this outcome were reviewed on this inspection, however no admissions or discharges had occurred since the last inspection.

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):

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

Findings:

The inspector noted that residents participated in the development of their personal plans and accessible formats were completed for half of the residents. In addition, the goals were not included in the accessible format of the personal plans.

The inspector reviewed a sample of personal plans, which were found to contain relevant information to guide staff in their daily practice such as their assessed needs, behaviour support plans, health care interventions, social goals and opportunity to access community activities. Weekly active records were maintained in the personal plans. Accessible versions of the personal plans were not completed for all residents in the centre. The personal plans were provided in an accessible format; however, this did not include an outline of the residents goals as identified in the personal plans.

The inspector found that staff were knowledgeable of the residents, the care and support they required on the day of inspection. The inspector also found that development of care plans relating to residents becoming older, were in place for some residents with a specific diagnosis. Since the previous inspection, the inspector found that there were reviews in place which engaged with residents' representatives, family and relevant multi disciplinary staff as required, such as palliative care and occupational therapists.

Judgment:

Non Compliant - Moderate

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 inspector found that overall improvements had been made to ensure that the centre reflected a homely and safe environment. However, work was on going to provide adequate bathroom facilities and this was outstanding at the time of inspection.

The inspector did not look at all aspects of this outcome. The inspector completed a walk around as part of the inspection process. The inspector noted that the person in charge and staff had revised the layout of communal areas and had ensured that appropriate storage was provided. There was further work to commence after the inspection regarding storage facilities.

While work was commencing in three bathroom areas in the centre, the inspector found that this was outside of the agreed times frames submitted to HIQA. The inspector observed that parts of the action plan response had been completed, such as appropriate storage provided in a communal bathroom and wheelchair accessible hand sinks, where required, in bathrooms.

Judgment:

Non Compliant - Major

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 residents were kept safe and there were systems in place to promote a safe environment.

The inspector did not review all aspects of this outcome. The inspector did review the fire safety records and equipment provided. appropriate fire equipment was provided throughout the centre. A system was in place for the checking and monitoring of all equipment and systems in place in the centre. In addition, an external contractor

completed additional safety checks and a record was available for review.

The installation of all emergency lighting and smoke detectors had been completed since the last inspection. Appropriate signage was in place throughout the centre to direct staff and residents in the event of an evacuation. Floor plans were displayed in all compartmentalised areas, which reflected the new layout in the centre.

Fire records were reviewed and the inspector noted that a simulated evacuation had been completed with an external fire officer. Learning was evident from this process; however, the inspector noted that this only included one half of the designated centre and did not provided all the staff names that were involved in the evacuation procedure.

The centre had a complete risk register in place which had been updated since the last inspection. The person in charge maintained a record of all incidents in the centre and engaged in a incident review group to ensure that the required procedures were in place and monitored.

Hand hygiene training had not been completed by all staff in the centre, on review of training records.

Judgment:

Non Compliant - Moderate

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 inspector did not look at all aspects of this outcome and reviewed the actions from the last inspection. All staff had completed behaviour support training as required.

Residents were protected from harm and were supported in line with their assessed needs. The centre had a policy on the management, prevention and detection in response to abuse . Information was provided for all residents regarding the allocated designated officers, this was displayed in appropriate format through the centre.

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):

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

Findings:

The inspector found that the actions from the previous inspection were completed on review of personal plans in place. The inspector did not look at all aspects of this outcome as part of this inspection.

The actions required from the previous inspection involved the lack of protocols in place where blood thinning products were prescribed. The inspector noted that care plans reflected the guidelines and support required for all residents who required blood thinning medication.

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):

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

Findings:

The inspector found that actions from the previous inspection remained outstanding on this inspection.

The inspector noted that there was a reduction in the stock of medication contained in the designated centre. A new system had been implemented and a fortnightly ordering

system was in place.

Residents continued to be provided with a centralised practice regarding pharmacy supplies, which did not offer opportunity for choice.

Judgment:

Substantially 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):

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

Findings:

The inspector found that the statement of purpose had been updated since the last inspection.

The statement of purpose in place described the services, staffing arrangements and the resources available for all of the residents, however it did not outline information regarding the admission process or criteria set out by the provider as required by schedule 1.

Judgment:

Substantially 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):

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

Findings:

The inspector found that although improvement had occurred in the governance and management in the centre, there remained outstanding actions from the previous inspection report, in addition, the provider had extended timeframes without consultation with HIQA prior to the inspection.

The inspector found that since the last inspection, a six monthly visit had been completed and the annual review of the quality and safety of care were both available for review in the designated centre. The inspector reviewed the quality improvement plan in place in the centre and found that while two actions remained outstanding as identified by the governance in place at the centre, actions that were identified as complete were found to be incomplete. This includes, the access to internet for all residents in the centre with the availability of appropriate technology. In addition, the building works outstanding were not identified in this audit. The inspector found that the internal audit had gaps evident.

The inspector found that the person in charge had completed a number of audits to ensure the systems in place in the centre, were monitored; however, some audits had not been commenced. Such as medication management. In addition, a number of actions from the previous inspection were not completed within the agreed time frames and no consultation had taken place regarding the extension of the these timeframes with HIQA.

The inspector reviewed the person in charge's file and found that it did not meet the requirements of schedule two, for example there was no Garda vetting available for review.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found that staff were appropriately supervised at the centre. In addition, staff files did not meet the requirements of schedule 2 of the regulations. Not all aspects of this outcome were reviewed.

There were planned and actual rosters in place in the centre. However, these rosters did not reflect the arrangements in place for night staff. Shared resources that were in place were not identified on the roster, the skill mix was not clearly identified for the night time supports in place for the residents.

The person in charge had commenced supervision with staff since the last inspection. There was a system in place that involved all staff and management to engage in a structured supervision process. Team meetings were held in the centre, with a record of minutes available for review.

The inspector reviewed four staff files and found that while the majority of information as required was provided, proof of Garda Vetting remained outstanding in some files.

On review of training records, the inspector noted that all mandatory training was completed by staff in the centre.

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):

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

Findings:

The inspector found that actions remained outstanding from the previous inspection, such as schedule five policies. on review of these policies, the inspector noted that some

were out of date.

The inspector did not look at all aspects of this outcome as part of this inspection. The inspector found that all policies required under schedule 5 were available in the designated centre. However, the policies had not been reviewed in line with the requirements of the regulations.

A directory of residents was in place in the centre. the inspector reviewed this document and found that it did not contain the information required under regulation. Such as, the name and address of the relevant organisation that arranged the admission of the resident to the centre.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002612
Date of Inspection:	04 May 2017
Date of response:	02 June 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 02: Communication

Theme: Individualised Supports and Care

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

The inspector found that residents did not have access to the internet at the centre.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

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

internet.

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

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The residents will have access to the internet in the centre. Three quotes have been received from external broadband providers and these have been submitted for selection. The residents have been referred to assistive technology for assessment to provide aides to ensure maximum use of internet.

Person Responsible: PIC

Proposed Timescale: 31/07/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The residents accessible version of their personal plan did not include information on their current goals.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Remainder of the accessible plans will be completed for all residents and will include accessible format of the goals outlined in personal plans.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The inspector found that planned improvement works to provide additional bathroom and toilet facility were not completed.

3. 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.

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

Two additional bathroom facilities are being added to the centre.

1. Additional walk in shower has been completed for one area which will facilitate 6 residents from one area.
2. Second area is a conversion of a toilet facility to a walk in wet room, this area has commenced on 29/05/17 with a one month completion date

Person Responsible: Registered Provider

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector found that staff were not trained in hand hygiene in line with the organisations policy.

4. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Additional dates have been given from trainer and staff have been facilitated with using HSE land to complete training. On Site Training will take place on Monday 5th June and the remainder of the staff will be facilitated on site with HSE land, with 100% of staff to be complete by end of month

Person Responsible: PIC

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The inspector noted that a simulated drill completed did not include:

1. the names of staff participating in the practice.
2. the drill only included one part of the centre.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

1. All simulated drills will now identify the names of staff participating
2. Schedule of drills for the remainder of the year has been formulated with the fire officer who will include a vertical evacuation of all areas in designated centre. Checklist created to ensure all relevant information that is staff and residents participating in the fire drills, are included in the drill sheet.

Person Responsible: PIC

Proposed Timescale: 30/06/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The inspector found that there continued to be a centralised practice in place regarding medication access, practice and storage in the designated centre. The residents were not offered choice regarding their pharmacy needs.

6. Action Required:

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

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

Consultation has taken place with local community pharmacy services and a plan has been put in place to commence the pharmacy service for the residents at the end of June for first orders to be dispensed two weeks later.

Proposed Timescale: 30/06/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The inspector found that the statement of purpose did not outline the criteria for admissions to the centre.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The statement of purpose will be updated to contain all the information in line with Schedule 1

Proposed Timescale: 05/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector found that the staff file for the person in charge did not contain all the required information as set out in schedule 2.

8. Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

This has been escalated to a national level. There was a national meeting on the 31/05/2017 in Dublin, to determine how this requirement can be met more efficiently and in a standardised manner.

Person Responsible: Registered Provider

Proposed Timescale: 31/08/2017

Theme: Leadership, Governance and Management

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

The centres management arrangements in place had not ensured that actions from the previous inspection were completed within the agreed timeframes. The internal audits completed did not outline outstanding actions in line with the previous inspection report.

9. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. Outstanding actions outlined;
 - Internet access is under review and residents are been referred to assistive technology.
 - Bathroom conversions has commenced in the centre

2. An audit schedule is in place which will ensure all actions are met.
Person Responsible: PIC/Registered Provider

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that staff files did not contain evidence of Garda vetting as required by the information set out in schedule 2.

10. 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:

This has been escalated to a national level. There was a national meeting on the 31/05/2017 in Dublin, to determine how this requirement can be met more efficiently and in a standardised manner.

Person Responsible: Registered Provider

Proposed Timescale: 31/08/2017

Theme: Responsive Workforce

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

The roster in place did not show the staff on duty for both day and night in the centre.

11. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

This has been escalated to a national level. There was a national meeting on the 31/05/2017 in Dublin, to determine how this requirement can be met more efficiently and in a standardised manner.

Person Responsible: Registered Provider

Proposed Timescale: 31/05/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspector found that policies and procedures were reviewed in line with the requirements of schedule 5 of the regulations.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All policies will be updated and reviewed in line with the requirements.

Person Responsible: PIC

Proposed Timescale: 05/06/2017

Theme: Use of Information

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

The directory of residents did not include all information as required under schedule 3 of the regulations.

13. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

The directory of residents will be updated in line with Schedule 3 and include all relevant information.

Proposed Timescale: 05/06/2017

