

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Railway View & Finnside
<b>Centre ID:</b>	OSV-0005488
<b>Centre county:</b>	Donegal
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Jacinta Lyons
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<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 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: 07 June 2017 09:10 To: 07 June 2017 14:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the 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 resident 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 the inspection, the inspector met three residents who lived at the centre and two staff members. In addition, the inspector spoke with the person in charge and reviewed documents which related to the previous inspection's findings such as personal plans, risk assessments, fire safety records, safeguarding plans, rosters, training records and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations and the inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of two bungalows and was located within a campus containing a further three designated centres. The campus was located close to local shops and other amenities. The centre provided a full-time seven day residential service for both adults with a disability.

Overall Findings:

The inspection was unannounced and focused on actions taken by the provider and person in charge to address the findings of the previous inspection, which occurred on the 20 March 2017. The inspector did not look at all aspects of the service provided at the centre, with five outcomes inspected as part of the follow-up inspection.

The inspector found that although the provider had addressed the majority of actions from the previous inspection, the person in charge had not ensured that one resident's documentation had been updated to reflect their current assessed needs. In addition, the provider had not ensured that all actions from the previous inspection were addressed with the centre's continued reliance on temporary workers to maintain staffing levels and staff documentation not being in accordance with Schedule 2 of the regulations.

The inspector found that the provider and person in charge had updated the majority of residents' personal plans and these reflected current assessed needs. In addition, new systems were in place for annual reviews to ensure that both the effectiveness of residents' personal plans and annual goals were assessed. The inspector found that management audits had commenced at the centre in accordance with the provider's policies. In addition, arrangements were in place which ensured that fire evacuation drills occurred at suitable times and staff had completed up-to-date training as required by the provider.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found major non-compliance in one outcome relating to the centre's staffing arrangements and personnel documentation as required under Schedule 2 of the regulations. Moderate non-compliance was found in four outcomes which related to the currency of one resident's personal plan, risk documentation and behaviour support plan.

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 of this report.

**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 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 found that although the person in charge had not ensured that one resident's personal plan reflected their current assessed needs, they had updated residents' personal plans, supported residents to develop developmental and personal goals and worked with residents to develop accessible personal plans.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

**Action 1**

The previous inspection found that residents' personal plans had not been updated following annual reviews. The provider assured HIQA that by the 30 April 2017, the person in charge would ensure that residents' named nurses updated personal plans following annual reviews and strategy meetings.

The inspector found that although annual reviews had not occurred for residents since the last inspection, named nurses had updated residents' personal plans and those sampled reflected residents' assessed needs. However, the inspector found that although one resident's personal plan had been updated, it did not reflect current changes in their assessed needs which related to behaviours of concern.

**Action 2**

The previous inspection had found that residents' goals were not developmental and aspirational in nature. The provider assured HIQA that by the 30 April 2017, the person in charge and residents' named nurses would support residents to develop meaningful,

aspirational and developmental goals in accordance with their wishes.

The inspector reviewed person centred meeting minutes and found that goals had been developed with residents which were both developmental in nature and reflected personal preferences such as going shopping, booking a holiday and maintaining links with family and friends outside of the centre. In addition, the inspector found that goals were broken down in to achievable stages with associated named staff supports and timeframes for achievement recorded.

#### Action 3

The previous inspection found that annual reviews did not assess whether residents has achieved their personal goals. The provider assured HIQA that by the 15 April 2017, the person in charge and residents' named nurses would review the effectiveness of personal plans to enable residents to meet their personal goals.

In addition, progress towards achieving personal goals by residents would be recorded quarterly or more frequently dependent on residents' needs. The provider assured HIQA that they would introduce a new annual review format which would ensure the effectiveness of the personal plan and goal achievement was discussed as part of residents' annual reviews. Following the annual review, the provider would ensure that residents' personal plans were updated.

The inspector found that although no annual reviews had occurred for residents following the previous inspection, the provider had introduced the new template for annual reviews. The template included all aspects of the ' personal plan and guided staff to record the plan's effectiveness in meeting residents' assessed needs. In addition, the template included an assessment of whether residents' personal goals were achieved. The inspector examined documentation and found that residents' progress towards achieving their personal goals was recorded.

#### Action 4

The previous inspection found that personal plans were not available to residents in an accessible format. The provider assured HIQA that by the 15 May 2017, the person in charge and residents' named nurse would in conjunction with residents and their representatives develop and make available an accessible version of their personal plans.

The inspector reviewed residents' personal plans and found that accessible plans were in place. The inspector found that accessible plans were developed with residents and used a combination of word, symbols and pictures to illustrate the person's support needs.

#### **Judgment:**

Non Compliant - Moderate

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

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

#### **Theme:**

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

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

**Findings:**

The inspector found that residents were kept safe at the centre and the person in charge had addressed the majority of findings from the previous inspection. However, the person in charge had not ensured that one resident's preliminary risk screening reflected their current circumstances.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

**Action 5**

The previous inspection had found that risk assessments in place at the centre did not include dates when risk control measures were implemented. The inspection further found that residents' risk screening were not up-to-date and did not reflect current risks. Furthermore, the inspection found that fire safety audits had not been completed in-line with the provider's policy.

The provider assured HIQA that by the 30 April 2017, the person in charge would review all risk assessments and ensure they contained dates on when risk control measures were put in place. In addition, risk assessments would be reviewed on a quarterly basis or more frequently as required at the centre. The person in charge would further ensure that residents' preliminary risk screenings were updated annually or following significant events. The provider further assured HIQA that the person in charge would complete fire safety audits on a quarterly basis.

The inspector found that risk assessments for both the centre and residents' assessed needs had been updated following the previous inspection by the person in charge. In addition, the inspector found that risk assessments sampled included dates when risk control measures had been implemented and planned 3 monthly review dates were scheduled.

The inspector reviewed management audits completed by the person in charge which included fire safety audits. The inspector found that the fire safety audit had been completed on a quarterly basis, and all other management audits were carried out in-line with the provider's annual audit schedule timeframes.

The inspector found that although residents' preliminary risk screening had been reviewed, since the previous inspection by named nurses, one resident's screening had not been updated to reflect a current risk which related to behaviours of concern.

**Action 6**

The previous inspection had found that not all staff had completed up-to-date manual handling training. The provider had assured HIQA that by the 14 April 2017, all staff



would have received manual handling training.

The inspector reviewed training records and found that all staff had up-to-date training in manual handling on the day of inspection.

**Action 7**

The previous inspection had found that not all staff had completed up-to-date hand hygiene training. The provider had assured HIQA that by the 14 April 2017, all staff would have received hand hygiene training.

The inspector reviewed training records and found that all staff had up-to-date training in hand hygiene on the day of inspection.

**Action 8**

The previous inspection had found that simulated fire drills at the centre had not been conducted at suitable intervals to ensure awareness of procedures to be followed in the event of a fire. The provider assured HIQA that by the 27 March 2017, fire drills would be carried out quarterly at the centre and an annual schedule would be in place.

The inspector found that following the previous inspection, a simulated fire drill had occurred in both of the centre's bungalows. In addition, the inspector was shown a schedule of planned quarterly fire drills by the person in charge.

**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 found that residents were protected from harm at the centre and the person in charge had addressed the findings of the previous inspection. The person in charge had ensured that safeguarding plans were updated and protected residents from abuse and staff received up-to-date training. However, one resident's behaviour which affected other residents at the centre was not reflected in their behaviour support plan.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

#### Action 9

The previous inspection had found that not all staff had completed up-to-date safeguarding of vulnerable adults training. The provider had assured HIQA that by the 30 May 2017, all staff would have received safeguarding of vulnerable adults training.

The inspector reviewed training records and found that all staff had up-to-date training in safeguarding of vulnerable adults on the day of inspection.

#### Action 10

The previous inspection found that one resident's safeguarding plan had not ensured they were protected from further incidents of abuse. Furthermore, the inspection found that residents' safeguarding plans did not include review dates to assess their effectiveness. The provider assured HIQA that by the 30 April 2017, the person in charge and designated safeguarding officer would review safeguarding plans after incidents of abuse and put in place additional measures to protect residents. In addition, the person in charge would review safeguarding plans and ensure all plans had review dates to assess their effectiveness.

The inspector examined the safeguarding plan for the resident referred to in the previous inspection, and found that their plan had been reviewed and updated by the person in charge and designated safeguarding officer.

The inspector found that following the previous inspection, residents' safeguarding plans at the centre had been reviewed by the person in charge and designated officer and were up-to-date. In addition, all safeguarding plans sampled contained review dates and had been updated in-line with agreed dates.

However, although identified safeguarding concerns had been addressed by the person in charge, the inspector found that one resident's behaviour support plan had not been reviewed and updated to reflect their behaviours of concern, which had safeguarding implications for other residents at the centre.

#### **Judgment:**

Non Compliant - Moderate

#### **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 the provider's governance and management systems had ensured that an annual review of the centre had been completed and management audits had commenced, they had not addressed outstanding actions from both previous inspections and their own internal audit.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

**Action 11**

The previous inspection had found that the provider had not ensured that the findings of inspections carried out in May and October 2016 had been addressed within agreed timeframes. Furthermore, the inspection had found that actions from the provider's own internal audits had not been addressed.

The provider had assured HIQA that by the 31 May 2017, they would have ensured that audits were carried out at the centre in-line with the provider's policy. In addition, the person in charge would ensure that actions from the previous inspections and internal audits were addressed.

The inspector found that the person in charge had commenced a range of management audits in areas such as infection control, complaints, residents' personal plans and finances, medication management, fire safety and accidents and incidents. Furthermore, the inspector found that audits were completed in-line with the provider's annual audit schedule.

However, the inspector found that actions from previous inspections and internal audits such as adequate staffing arrangements and staff documentation continued to not be addressed.

**Action 12**

The previous inspection had found that the centre did not have an up-to-date annual review of care and support. The provider assured HIQA that by the 31 May 2017, an annual review would be completed and available at the centre.

The inspector found that the provider had completed an annual review into the care and support provided at the centre. The inspector found that the review had included consultation with both residents and their families. The inspector reviewed the action plan and found that the person in charge had completed all actions to date within agreed timeframes; such as, staff training and a review of residents' safeguarding plans at the centre.

**Judgment:**

**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 actions from the previous inspection had not been addressed by the provider. The inspector found that although staffing levels reflected residents needs, continuity of care for residents was affected by the centre's reliance on temporary workers. Furthermore, although agreed timeframes had not elapsed, the inspector found that staff personnel records at the centre continued to not adhere with the requirements of Schedule 2 of the regulations.

The inspector did not look at all aspects of this outcome and centred on actions taken by the person in charge to address the findings of the centre's previous inspection.

**Action 13**

The previous inspection found that not all documentation required under Schedule 2 of the regulations was present in staff personnel files reviewed by the inspector. The provider assured HIQA that by the 30 June 2017, all documentation would be in place and that the person in charge would conduct an audit of staff files.

The inspector found that although the majority of required documentation was present in staff files, one personnel file did not contain a copy of the staff member's qualifications. Furthermore, the inspector found that none of the personnel files sampled contained garda vetting disclosures as required under Schedule 2 of the regulations.

**Action 14**

The previous inspection found that the centre's staffing arrangements did not meet residents' assessed needs. The provider assured HIQA that by the 30 April 2017, the Acting Director of Nursing and person in charge would review staffing at the centre to ensure it adequately reflected residents' needs. Furthermore, the person in charge would ensure that adequate staffing was available facilitate residents' planned social activities.

The inspector found that the person in charge had completed a review of residents'

staffing needs. Furthermore, the inspector found that staffing arrangements in the centre reflected residents' assessed needs and the outcome of the staffing review. However, although adequate staffing levels were in place, the centre continued to be reliant on temporary workers, which impacted on the continuity of care provided to residents.

The inspector reviewed the centre's roster and found that over the 14 day period of the 22 May to 4 June 2017, in one bungalow, 11 temporary workers were used on 18 occasions to meet residents support needs. In addition, the inspector found in the centre's other bungalow over the same period, 18 temporary workers were used on 29 occasions to meet ensure residents needs were met.

**Judgment:**

Non Compliant - Major

## 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:***

Stevan Orme  
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-0005488
<b>Date of Inspection:</b>	07 June 2017
<b>Date of response:</b>	24 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 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 inspector found that one resident's personal plan did not reflect their current assessed needs.

**1. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The person in charge in conjunction with Nursing staff has updated one resident's personal plan to reflect changes in their current need.

Proposed Timescale:

Completed 7th June 2017

**Proposed Timescale:** 24/06/2017

**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 one resident's preliminary risk screening had not been updated to reflect current identified risks.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Primary Risk screening for one resident has been updated to reflect current identified risks.

Proposed Timescale:

Completed June 7th 2017

**Proposed Timescale:** 24/06/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The inspector found that one resident's behaviour support plan had not been updated to reflect current behaviours of concern.

**3. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is

challenging and to support residents to manage their behaviour.

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

The behaviour support plan was reviewed in conjunction with Clinical Psychologist and updated to reflect current behaviours of concern.

Proposed Timescale:

Completed 21st June 2017

**Proposed Timescale:** 24/06/2017

**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 centre's governance and management systems had not ensured that previous inspection and internal audit findings were addressed

**4. 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. New staff will be employed to fill vacancies within the designated centre. Recruitment process has commenced for the new staff.
2. Staff returning from sick leave and maternity leave will be allocated to designated centre also.
3. An email has been sent to NMBI requesting a copy of qualification for PIC.
4. Garda vetting remains outstanding for several staff. All staff have completed the application process and are awaiting for the vetting process to be completed.

Proposed Timescale:

1. 15th August 2017
2. 15th August 2017
3. 8th June 2017
4. 31st August 2017

**Proposed Timescale:** 31/08/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in**



**the following respect:**

The inspector found that the continuity of care provided to residents was affected by the centre's reliance on temporary workers.

**5. Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

1. New staff will be employed to fill vacancies within the designated centre. Recruitment process has commenced for the new staff.
2. Staff returning from sick leave and maternity leave will be allocated to designated centre also.

**Proposed Timescale:** 15/08/2017**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 personnel files at the centre continued to not adhere to the requirements of Schedule 2 of the regulations.

**6. 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:**

1. An email has been sent to NMBI requesting a copy of qualification for PIC.
2. Garda vetting remains outstanding for several staff. All staff have completed the application process and are awaiting for the vetting process to be completed.

**Proposed Timescale:**

1. June 8th 2017
2. 31st August 2017

**Proposed Timescale:** 31/08/2017