



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Markree Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	04 September 2019
Centre ID:	OSV-0002612
Fieldwork ID:	MON-0024031

## About the designated centre

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

Markree is a service run by the Health Service Executive. The centre is based on a campus setting and is located a few kilometres from a town in Co. Sligo. The centre provides residential care for up to eleven residents, who are over the age of 18 years and have an intellectual disability and associated health care needs. The centre provides residents with shared and single bedrooms, shared bathrooms, a sensory area, kitchen and dining areas and sitting rooms. Residents also have access to the campus grounds, if they so wish. Nursing and health care staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

10

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 September 2019	09:20hrs to 15:10hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met with five residents who lived at this centre, one of whom greeted the inspector and the remaining four residents were unable to communicate with the inspector. On the day of inspection, staff were preparing to bring three residents on an overnight break to a hotel and they spoke with the inspector about some of the preparation that was required in order to adequately support these residents to spend this time away from the centre.

Although shared bedrooms were still in use at the centre, the inspector observed that each bedroom was individually decorated and very large in size. In addition, residents were provided with privacy screens and plenty of storage space, which greatly assisted in reducing the negative impact of a shared bedroom arrangement.

Over the course of the inspection, staff who spoke with the inspector were knowledgeable and respectfully of residents' needs and were observed interacting positively with residents at the centre.

## Capacity and capability

Since the last inspection of this centre in December 2017, the provider had not achieved their time frame set out in their action plan response of September 2018 to cease the use of shared bedrooms at the centre. However, although not achieved the provider had implemented measures to reduce the impact of this situation, maintain residents' privacy and had revise their plans to ensure this action would be achieved by the 31st December 2019. Overall, the inspector found this centre was well-run and well-resourced to ensure residents received a good quality of service.

The person in charge held the overall responsibility for this service and she was based full-time at the centre. She regularly met with all staff and residents was supported by her line manager and staff team in the running and management of the service. The annual review and six monthly provider-led visits of the service were occurring in line with the requirements of the regulations. Following the outcome of these monitoring systems, a quality improvement plan was put in place, which identified all areas of improvement required. The progress made towards achieving these improvements was subject to monthly review by the management team, which included robust oversight of the arrangements now in place to ensure the ceasing of shared bedrooms at the centre by 31st December 2019.

Adequate staffing arrangements were in place to meet the assessed needs of

residents and were subject to regular review by the person in charge. Familiar staffing arrangements ensured residents received continuity of care and a well-maintained roster identified the names of staff and their start and finish times worked at the centre. Regular meeting were held with staff members, which gave them an opportunity to raise any concerns relating to the care and welfare of residents and the person in charge also attended regular management team meetings.

Staff had received mandatory training and arrangements were in place for refresher training, as and when required to ensure their practices were up-to-date and meet residents' assessed needs. Staff also received regular supervision from their line manager, which had a positive impact on ensuring that all staff were suitably supervised and supported in their roles.

The person in charge had a system in place to ensure that all incidents were recorded, responded to effectively and implemented procedures were subject to regular review. In addition, the system ensured that all events were notified to the Chief Inspector of Social Services as required by the regulations. Furthermore, the person in charge trended said incidents in a regular basis to identify re-occurring issues and to ensure the effectiveness of the centre's risk management practices.

#### Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required to meet the regulations. She was based full-time at the centre and was supported by her line manager and staff team in the running and management of the service. She demonstrated strong knowledge of residents' needs and of her regulatory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to meet the needs of residents who live at this centre. A planned and actual roster clearly identified the names of staff and their start and finish times worked at the centre. All staff who met with the inspector spoke confidently of each resident's needs and of their responsibility in supporting these residents.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured staff received mandatory and refresher training, as and when required. All staff were subject to regular supervision from their line manager.

Judgment: Compliant

## Regulation 23: Governance and management

The provider appointed suitable persons to manage the service and ensured adequate monitoring systems were in place to review the delivery of care and address any improvements required. Adequate arrangements were also in place to ensure sufficient resources were in place to meet the needs of residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider operated the centre in a manner that respected residents' capacities, developmental needs and aging needs.

The centre was located on a campus setting and comprised of both shared and single bedrooms, sitting rooms, a sensory area, kitchen and dining areas and shared bathrooms. Although shared bedrooms were still in use at the centre since the last inspection, the person in charge spoke with the inspector regarding the plans to cease their use by the 31st December 2019. She also spoke of the interim arrangements where staff were vigilant in promoting the rights and dignity of those residents who shared bedrooms. Measures included the use of privacy screens and supporting residents to personalise their area of the room in accordance with their likes and preferences. Overall, the centre was found to be clean, tastefully

decorated and in a well-maintained state on the day of inspection

Residents who used this service were assessed as having high needs, which lead to their capacity and ability to undertake activities having to be assessed by staff on a daily basis due to its changing nature. Where residents could attend day services and engage in the local community activities, they were supported by staff to do so. Arrangements were also in place to support residents to engage in meaningful activities while at the centre, with facilities such as a sensory stimulation area being available and regularly used by some residents. Staff who met with the inspector were very knowledgeable on each resident's needs and abilities as well as activities they enjoyed which were both meaningful and promoted a positive impact on their overall well-being. On the day of inspection, staff were preparing to bring three residents on an over-night stay to a hotel. Discussions with staff showed that the overnight stay was well-planned in line with the residents' needs, with appropriate staffing levels and equipment being made available to ensure residents' safety and enjoyment during the break away.

The provider had ensured that arrangements were in place to regularly review residents' needs, which had a positive impact on ensuring adequate support was at all times in place for residents with increasing needs. For example, the person in charge had identified that due to the changing needs of some residents, additional manual handling equipment was required and she was in the process of securing this additional resource at the time of inspection. Although staff were found to be very knowledgeable of residents' assessed needs and of their role in supporting these residents, some personal plans did not clearly reflect staff knowledge and describe the specific supports put in place by the provider to support these residents. For example, staff knew the procedure to follow where a resident experienced a seizure; however, the associated personal plan did not contain some of these specific care arrangements. Similar findings were also identified in personal plans developed to support residents to prepare for end of life.

The provider had a system in place for the identification, assessment, response and on-going review of risk at the centre. A number of risk assessments were reviewed by the inspector which demonstrated staff competence in effectively monitoring and reducing the occurrence of identified risks at the centre . However, some risks which were subject to regular monitoring by the person in charge, were not supported by an appropriate risk assessment such as risks relating to staffing levels, transitioning process and premises issues associated with the ongoing use of shared bedrooms.

The provider had precautions in place for the detection, containment and response to fire at the centre. All staff had received up-to-date training in fire safety and knew the procedure to be followed in the event of fire. Regular fire drills were occurring and a schedule was in place to complete a further fire drill in the days subsequent to this inspection, using minimum staffing levels. However, the displayed fire procedure required review to ensure it clearly guided staff on the procedure to be followed in the event of a fire, where a full evacuation of all residents was required.

### Regulation 13: General welfare and development

The provider had ensured adequate staffing and transport arrangements were in place to promote residents' engagement with the community and to participate in activities suitable to their capacities and developmental needs.

Judgment: Compliant

### Regulation 17: Premises

Residents had access to shared communal areas and bathrooms and overall, the centre was found to be clean, nicely decorated and was well-maintained. The provider had plans in place to cease the use of shared bedrooms by 31st December 2019.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk. However, although organisational risks were promptly responded to and frequently monitored, the management of some of these risks was not supported by appropriate risk assessments, for example staffing levels, transitioning processes and premises.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire precautions in place, including, fire detection and containment systems, regular fire drills and checks, up-to-date fire safety training and emergency lighting. Although the fire procedure was displayed at the centre, it required review to ensure it clearly identified the procedure that staff were to follow in the event of a fire, where all residents required to be evacuated from the centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The provider had procedures in place for the assessment and development of personal plans for all residents. Assessments were found to be regularly reviewed and staff spoke confidently with the inspector about the specific supports each residents required. Plans were also in place to support four residents to transition to the community in the months subsequent to this inspection.

Judgment: Compliant

## Regulation 6: Health care

Where residents were identified with specific health care needs, their needs were subject to regular assessment. Staff who met with the inspector were very much aware of each residents' assessed health care needs and of their role in supporting these residents. However, some improvements were required to personal plans to ensure these guided on the specific care needs that some residents required.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

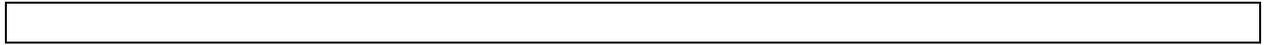
Where residents required behavioural support, the provider ensured they received the care and support they required. Some restrictive practices were in use and these were subject to regular review. At the time of this inspection, the person in charge told the inspector that further restrictive practices were in the process of review by a multi-disciplinary team.

Judgment: Compliant

## Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. All staff had received up-to-date training in safeguarding and procedures were in place to support all staff to identify, respond and manage any concerns regarding the safety and welfare of residents.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Markree Services OSV-0002612

Inspection ID: MON-0024031

Date of inspection: 04/09/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessments have been completed on areas identified, staffing, transition and premises. Measures and actions have been put in place to control the specified risks.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire procedure has been updated and identifies the procedure to follow in the event of a fire where all residents have to be evacuated form the centre.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The personal plans have been reviewed and updated to guide and assist staff in supporting residents specific care needs.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/09/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	15/09/2019
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	15/09/2019

	care for each resident, having regard to that resident's personal plan.			
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