

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0004578
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Una Nagle
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<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 2 day(s).

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

From:	To:
30 March 2016 09:45	30 March 2016 16:00
31 March 2016 09:30	31 March 2016 14:30

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

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 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of a centre managed by the Brothers of Charity Services in West Cork. The Brothers of Charity Services was a not-for-profit organisation and was run by a board of directors and delivered services as part of a service agreement with the Health Services Executive (HSE). The Brothers of Charity Services provided a range of day, residential and respite services in Cork.

The centre provided a home to four residents and was based in a community setting in a large town in West Cork. The stated aim of the centre was "to meet the individual needs of each person living here by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities".

The inspector met with the residents and staff members. Families were very involved in the lives of residents with regular contact and trips home. A number of residents went home every week. One resident outlined to the inspector that he had lived in the centre "for the last six years" and was "very happy living here". The residents were all men who up until recently had required minimal support from staff. Most residents were independent and engaged in numerous activities in the locality, including walking to work every day and going for coffee in the town on days off.

One resident spoke about his role over the last number of years in a local music festival that "he loved doing". Another resident had come back to the house after work and told the inspector that he was "going off to feed the ducks".

The nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The nominated person in charge was a registered nurse in intellectual disability. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, she was appointed as person in charge for six centres in total. In addition to being the person in charge of these six designated centres, she was the manager of the Day Services which provided a range of activities and work placements for people with a disability. The inspector outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centre concerned. The nominee on behalf of Brothers of Charity outlined that a review of the remit of the person in charge had taken place and there was a proposal to reduce the extent of the person in charge's remit. However, the governance arrangements may be reviewed by HIQA if at any time the Chief Inspector is not satisfied that the person in charge is ensuring the effective governance, operational management and administration of each designated centre.

Areas for improvement included:

- care planning
- premises
- risk assessment
- fire safety and in particular fire drills.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were two sets of resident records; the person centred planning folder and a separate file for medical records. In the person centred planning folders reviewed by the inspector there was a summary profile of "things you must know about me", "my life" and "supports I need for health & safety".

There were assessments of residents' healthcare needs and social care needs in the personal planning process. For identified healthcare needs, there was evidence that "care management plans" were in place to direct the care and support to be provided to residents. Some care management plans were kept in the medication administration record folder. Inspectors saw that in general these were comprehensive and signed off by the resident's general practitioner. However, a care plan was not always available in relation to an assessed healthcare need. For example, there was evidence that in response to the changing circumstances of one resident the service had reacted appropriately and in a timely manner. However, the care management plan had not been updated to include these identified healthcare needs.

The inspector saw that the communication diary and an appointments record sheet were being used to coordinate healthcare appointments for residents. However, a plan of care for these identified healthcare needs was not being developed either prior to or following these healthcare appointments.

In relation to social care needs the person centred plans had been developed to ensure that that each resident was supported to achieve priority goals. The plan outlined the person's vision for their life with goals in place and supports identified to help the person

achieve their goals. In one example a resident had identified that "extra supports were required some Saturday evenings for social outings". This goal had been facilitated by the Brothers of Charity service. One of the residents told inspectors that one of his goals was "to go on holidays with my friends to Spain". A number of residents had been supported to go on holidays abroad and travelled independently with a specialised travel company.

There was evidence that the resident had engaged in an "annual review of my support needs". However, the inspector found that the review of the personal plan, and in particular the assessment of health needs was not multi-disciplinary as required by the regulations.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre provided a home to four residents and was based in a community setting in a large town in West Cork. The residents were all men who up until recently had required minimal support from staff.

The house was nicely decorated and had a large kitchen/dining room and sitting room with a television. There were four resident bedrooms, all of which were fully furnished and decorated in conjunction with the individual resident's personal choice and taste. One of the bedrooms had an ensuite with shower, toilet and wash hand basin. There were two bathrooms, one upstairs and one downstairs both of which had a shower, toilet and wash hand basin. The house was on its own large well maintained grounds. There was a patio area to the back of the house with a rear garden.

There had been two housing assessments done by an occupational therapist, one in 2012 and the second in 2014. A number of recommendations from these assessments had been completed including the provision of an outdoor grab rail at the front door and grab rails in both shower areas to make them more accessible for residents. However, a number of recommendations from the occupational therapist assessments were still outstanding including the repair of the "uneven surface between the kitchen and the

back porch to prevent trip hazard" and a hand rail had not been fitted "on left hand side of step at back door for safety".

**Judgment:**  
Substantially Compliant

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

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

**Theme:**  
Effective Services

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

This was the centre's first inspection by the Authority.

#### **Findings:**

Inspectors found that the arrangements for risk management were adequate. However, improvement was required in relation to the assessment of risk and fire drills.

The centre had a risk register in place which was designed to log all the hazards that the organisation was actively managing. There were four hazards on this risk register, three of which related to one service user; and the fourth related to another service user being "cross during a fire drill". There was evidence that these hazards were being managed appropriately with adequate responses put in place. For example, one hazard identified in January 2016 related to a "resident being left on his own in the centre while staff supported other service users in supported living houses nearby". In response the Brothers of Charity service had arranged for increased staff hours for the other houses with the result that the resident was now not left on his own.

Each resident had participated in identifying specific hazards relating to their lives. These were contained in an individual risk management plan. Most residents were independent and engaged in numerous activities in the locality, including walking to work every day and going for coffee in the town on days off. The individual risk management plan addressed the hazards associated with these activities. Strategies included all residents participating in "stay safe" training and staff reminding residents of safety issues at resident meetings.

Each resident had also participated in a "skills assessment to allow individuals to stay at home without supervision". However, there were inconsistencies in documentation in relation to residents staying at home without supervision. For example, one resident's assessment identified that he required prompting from staff to respond to fire alarms, even though the assessment related to the resident being at home "without supervision".

Inspectors reviewed the incident reporting system from January 2015 to February 2016. There had been one reported incidents where a resident struck a staff member while on a leisure outing. There was a system in place to ensure that all incidents were followed up by the person in charge and were reported to senior management of the service at a regional level to review for trends.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site.

Records indicated that all staff had been trained in fire safety management. All residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. There had been monthly fire evacuation drills involving the residents from January 2015 to June 2015. At the drill in June 2015 it was noted that there had been "a very poor response from the men" to the fire alarm. The Brothers of Charity service had arranged for the installation of a new fire alarm system in August 2015. In addition, a staff member stayed in the house with residents overnight. Records made available to the inspector showed that from June 2015 to March 2016 there had been two fire evacuation drills. The response time to evacuate in December 2015 had been five minutes and the response time to evacuate in March 2016 had been ten minutes. Based on the poor response times and due to the fact that at times residents were in the house without staff support, the inspector found that fire drills were not being carried out at suitable intervals.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection. One resident described how he "looked after washing all my own clothes" and how he "made sure they were all clean and dry before putting them back".

**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):**  
This was the centre's first inspection by the Authority.



**Findings:**

The inspector found evidence that adequate systems were in place to protect residents from being harmed. A restraint free environment was promoted in the centre.

There was an up to date policy on, and procedures in place for, the prevention, detection and response to abuse. The senior social worker was the designated liaison person if there was any issue relating to protection of residents; and his contact details were available throughout the centre. The person in charge stated that there had not been any allegation of abuse of residents since the commencement of the regulations in November 2013. She also said that she was undergoing training to be a designated officer in relation to protection of residents. Training records indicated that all staff had received training on the protection of vulnerable adults.

The inspector reviewed the management of residents finances and found the process to be transparent. There was a policy on residents finances and all items purchased for and by residents were verified by receipt. The inspector found checks in place and in December 2015 the director of finance for the Brothers of Charity service had set out "corrective actions to bring the management of service user funds into compliance with the Brothers of Charity policy. For this centre it included family involvement in money management competency assessment, review of bank accounts and money management plans for each resident. Up to date bank statements were available for each resident.

It was a requirement that all serious adverse incidents are reported to HIQA. These incidents include any restrictions on a person's life (for example if the restriction was an environmental restraint, chemical restraint or physical restraint). The person in charge confirmed that no such restrictions were in place for the four residents. There was a service wide behaviour standards committee chaired by a clinical psychologist. This committee was available to review any restrictions that limited a resident's life.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspector reviewed a sample of resident

healthcare files and found evidence of regular GP reviews, including an annual medical health check.

There was evidence of good access to specialist care in psychiatry with residents attending, as required, an out-patient clinic with the consultant psychiatrist within the service.

There were up to date records of referrals to consultant specialists maintained for all residents and in particular there was evidence of follow up communications with hospitals in relation to procedures. As mentioned earlier in this report at Outcome 5: Social Care Needs, improvement was required in how these identified healthcare needs were being managed through the care planning process.

A record was maintained of all referrals to and treatment by allied health professionals including psychologist and occupational therapist. There was evidence of a coordinated response by the allied health professionals from the service and consultant specialists to the deteriorating needs of one resident.

All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes and also knew which residents were on special diets. Dietary recommendations for residents were available.

**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):**

This was the centre's first inspection by the Authority.

### **Findings:**

There was a local person centred medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Each resident had completed a self medication assessment guideline and three of the four residents were managing their own medication.

Medication was dispensed for each resident by a local pharmacist using a system that entirely managed and sealed by the pharmacist using a tamper-evident sealing system. Each individual medicine pod was then used by the resident to take their medication.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines delivered correspond with the medication prescription records. Residents' medication was stored and secured in a locked cupboard and there was a robust key holding procedure.

In the prescription sheets seen by the inspector it was clear that a record of each drug and medication was signed and dated by the GP.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

There had been one recorded medication error were from January 2015 to April 2016 where a service user had failed to collect medication from his pharmacist. This incident had been followed up appropriately.

**Judgment:**  
Compliant

#### **Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

#### **Findings:**

The nominee on behalf of the Brothers of Charity was the director of services for the Cork area. The nominated person in charge was a registered nurse in intellectual disability. Inspectors were satisfied that the person in charge was suitably qualified and experienced to discharge her role. However, she was appointed as person in charge for six centres in total. In addition to being the person in charge of these six designated centres, she was the manager of the Day Services which provided a range of activities and work placements for people with a disability. The inspectors outlined concerns that these management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centre concerned. The nominee on behalf of Brothers of Charity outlined that

a review of the remit of the person in charge had taken place and there was a proposal to reduce the extent of the person in charge's remit. However, the governance arrangements may be reviewed by HIQA if at any time the Chief Inspector is not satisfied that the person in charge is ensuring the effective governance, operational management and administration of each designated centre.

An annual review of the quality and safety of care of the service dated July 2015 had been completed. This review looked at a limited number of issues namely:

- residents' rights
- personal care planning
- risk management (including fire safety)
- safeguarding/safety
- education/training opportunities for residents

Not all parts of the review had been completed. For example, in relation to personal care planning there was no comment recorded for lines of enquiry including are personal plans up to date; are plans reviewed in line with timeframes; is there a focus on goal setting and measurement of outcomes; are plans being implemented; and are residents participating in meaningful activities.

In addition, some recommendations had not been completed following this review. For example, one of the recommendations of this review was "fire evacuation needs to be practice by the residents without staff support". Records were not available to show that this recommended evacuation drill had taken place.

The provider on behalf of the Brothers of Charity service had not ensured that an unannounced visit had been completed that reviewed the quality and safety of care and support in the centre. Two such visits are required by the regulations.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs.

The comments from residents about the staff were very positive. One resident who spoke with the inspector said that the staff were "very nice". Another resident said that the staff "were the best". Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

The staff rota was made available to inspectors. The person in charge acknowledged that the support needs for some residents had changed rapidly in the past year. The Brothers of charity service had responded and the staffing levels had increased so that there was always at least one staff present while residents were in the house. There were two community liaison officers that supervised staff in all community houses managed by the Brothers of Charity service in West Cork. These managers provided support to staff and worked from 12 noon to 10pm each weekday and alternate weekends.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. In addition, staff had received additional training as required in medication management.

**Judgment:**

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:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
<b>Centre ID:</b>	OSV-0004578
<b>Date of Inspection:</b>	30 March 2016
<b>Date of response:</b>	11 May 2016

**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 review of the personal plan, and in particular the assessment of health needs was not multi-disciplinary as required by the regulations.

**1. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

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

The system of review of the personal plan will be multidisciplinary i.e. the relevant multidisciplinary supports will be asked to review the assessment of needs and goals derived there from. Any amendments to the plan arising from this review will be incorporated into the plan.

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

A care plan was not always available for an assessed healthcare need

**2. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The template for assessing healthcare need is being reviewed to ensure all identified needs are reflected in a care plan.

**Proposed Timescale:** 31/05/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A number of recommendations from occupational therapist assessments were still outstanding including the repair of the "uneven surface between the kitchen and the back porch to prevent trip hazard" and a hand rail had not been fitted "on left hand side of step at back door for safety".

**3. Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The recommendations from the OT report are currently being implemented.

**Proposed Timescale:** 31/05/2016

## 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 process for risk assessment required improvement. For example, one resident's assessment identified that he required prompting from staff to respond to fire alarms, even though the assessment related to the resident being at home "without supervision".

**4. 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:**

A updated fire drill has been conducted and the risk assessment has been updated to reflect the fact that the service user has been skilled up to evacuate on hearing the fire alarm without prompting.

**Proposed Timescale: 15/04/2016**

Theme: Effective Services

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

Based on the poor response times and due to the fact that at times residents were in the house without staff support, the inspector found that fire drills were not being carried out at suitable intervals.

**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:**

Fire drills will be carried out four times annually or more frequently if necessary.

**Proposed Timescale: 01/04/2016**



## 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 management arrangements across a wide type and variety of services could not ensure effective governance, operational management and administration of the designated centres concerned.

### **6. Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Provider Nominee and the Person in Charge have agreed a timetable whereby the PIC has dedicated time in the Centre and has dedicated time with the Community Liaison Officer who are in contact with the Centre on a daily basis. The number of service locations has been reduced to facilitate this.

**Proposed Timescale:** 01/04/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care of the service dated July 2015 had been completed. However, not all parts of the review had been completed. In addition, some recommendations had not been completed following this review.

### **7. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

All recommendations from Annual review have now been completed.

**Proposed Timescale:** 10/05/2016

**Theme:** Leadership, Governance and Management

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

The provider on behalf of the Brothers of Charity service had not ensured that an unannounced visit had been completed that reviewed the quality and safety of care and support in the centre. Two such visits are required by the regulations.

**8. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The register provider has scheduled unannounced inspections for 2016 and these are in progress.

**Proposed Timescale:** 31/05/2016