

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Laurel Services
<b>Centre ID:</b>	OSV-0004462
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Thelma O'Neill
<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>	1

## **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 February 2017 09:30 To: 07 February 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the third inspection of this centre 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspector reviewed the seven actions issued during the last inspection. The inspector found that five of the seven actions had been completed; however, actions related to maintaining residents' rights and dignity and safe and suitable premises were not complete.

How we gathered our evidence:

The centre provides a day service and respite service for up to 14 adults with an intellectual disability; however, only five adults could reside in the centre at any one time. The inspector met with two residents, staff members, a provider representative and members of the management team. The inspectors observed practices and reviewed documentation such as personal plans, risk management documentation,

medical records, policies and procedures.

Description of the service:

The centre comprised of two houses located in Co. Roscommon. One house provided an individualised day and respite service for one resident and the other house provided respite for up to four people at night. The inspector observed staff interacting with residents in a warm and friendly manner and displayed an understanding of individual residents' needs, wishes and preferences.

Overall evidence of our findings:

Residents using this service reported that they were happy with the service provided. The governance and management of this centre has changed since October 2016 following a new person in charge being appointed to manage the centre.

Ten outcomes were inspected on this inspection. Five outcomes were found to be compliant, two outcomes were found to be in moderate non-compliance and three major non-compliances were identified which related to health and safety and risk management, safe and suitable premises and social care needs.

The inspector found that residents' social care needs were not met and it was unclear what consultation had taken place with residents around their individualised needs and wishes. The inspector also found that there were privacy issues which had not been addressed since the last inspection and an absence of appropriate control measures in place to safeguard residents' money.

The findings of this inspection are recorded in the body of the report and the actions 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 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that the provider had not completed all the actions from the previous inspection and residents continued to share bedrooms within the centre. During this inspection the inspector found that there were no records of residents being consulted about activities in the centre. Improvements were also required to how the provider supported residents to manage their finances while accessing the respite service.

Staff told the inspector that residents regularly participated in social activities. However, there was no record of residents meetings being held to discuss the day to day activities being scheduled, despite residents' being able to express their opinions on their preferences for such activities.

The centre had a complaints policy to guide staff in the management of any complaints against the service. The inspector found that all complaints had been managed in line with the centres policy and that the outcome of the complaint had been shared with the complainant. In addition there was a record of the complainants satisfaction with the outcome held in the centre. The name of an independent advocate was included in the policy, which was also available in an accessible format for residents.

Each resident's privacy and dignity was respected by staff; however, in one house residents continued to share bedrooms as there were only two twin bedrooms available to accommodate. The provider had stated in their action plan response that alternative housing would sought by the 31 December 2015, but this had not been completed.

Residents' finances were usually managed by residents' family members. However, in the respite house, the recording of residents' income and expenditure was not being completed as per organisational policy and not in line with the procedures for safeguarding residents' finances.

**Judgment:**

Non Compliant - Moderate

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

Admissions to this centre were determined on the basis of transparent criteria and in accordance with the Statement of Purpose.

There was one action reviewed from the last inspection relating to inappropriate admissions to this centre. This action was complete.

There were written agreements with residents, which included details of the services to be provided and the charges that the resident would incur.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Each resident had opportunities to participate in activities while in respite care in this centre. The inspector saw that residents living in this centre had good active and social opportunities provided for them. Staff confirmed this to the inspector, by stating that residents were happy using this service and enjoyed their respite breaks.

While there was evidence of social opportunities being offered to residents, there was a lack of engagement between the day and respite services around the development and delivery of individualised social goals. For example, respite staff did not always attend annual personal planning meetings organised by the day services and this had impacted on the review of personal goals. Furthermore, there was no evidence that residents had participated in the development of their personal plans.

Residents' healthcare needs were generally attended to by their family; however, annual reviews of the residents' healthcare needs were not being completed.

**Judgment:**

Non Compliant - Major

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The location, design and layout of the centre was suitable to meet residents' individual and collective needs.

There were two houses in this designated centre, one house was located in a residential area in the centre of a town and the second house was located in a rural village approximately 10km away. The location of the houses met the individual needs of all residents using the service.

However, in one house renovation works were required due to dampness on the walls in the utility room. External and internal painting was also required to the centre and the cabinet doors in the kitchen and dining room area were missing, and required replacement.

In the second house there was a lack of adequate communal space available to the residents to have quiet time alone or to meet visitors in private. This was an action issued following the last inspection. The provider stated in their action plan response that alternative housing would be sought for this respite service and this would be completed by 31 December 2015. This action was not complete.

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the management of risk in the centre and found that there were not adequate precautions in place to effectively manage the risk of fire. In addition; the inspector found that the management of organisational risks were not adequate. However, accidents and incidents in the centre were appropriately recorded and managed.

Fire safety management in the centre was inadequate and the arrangements in place to detect and contain the spread of fire was not effective. The inspector found that there were no emergency fire panel in place to alert staff to a fire and there were no fire doors installed in the centre. In addition, emergency lighting was not installed in the hallways to assist in the evacuation of the house in the event of a fire. However, fire drills were completed in the centre and fire safety equipment was regularly checked. Residents had personal evacuation plans in place and staff were trained in fire safety evacuation.

The inspector reviewed the risk register. It did not include the fire safety risks and the renovations works required in one of the houses.

The inspector reviewed the accident and incident log in the centre. All risks were appropriately assessed and managed. In addition, residents' individual risks were assessed and risk rated. All accidents and incidents were recorded and these were reviewed regularly by the person in charge.

**Judgment:**  
Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that adequate measures were in place to protect residents being harmed or suffering abuse in the centre. Staff were observed treating residents with respect and warmth, and positive behaviour support was available to residents when required.

There were no allegations of abuse reported in this centre. The inspector found that staff were familiar with the organisations safeguarding policy and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. All staff had completed safeguarding training, or had training scheduled to be completed.

Positive behaviour support was provided to residents on an individualised basis as required. Multi-disciplinary support was also readily available when required and the staff team told the inspector that the psychologist and the behaviour support therapist were very supportive to them in effectively managing a residents' behaviour. The inspector reviewed the support provided to one resident and found that the management of the resident's behaviour had improved significantly since 2015.

The management of restrictive practices in this centre was also reviewed and the inspector found that the practices in the centre were in line with the organisational policy and were reflected in practice. In addition, the restrictions were recorded in the restrictive practice log and these restrictive measures had been approved and regularly reviewed by the restrictive practice committee in the organisation.

**Judgment:**  
Compliant

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**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

**Findings:**  
Residents' healthcare needs were usually attended to by their family, as the residents lived at home full-time with their families. Residents had timely access to members of the multi-disciplinary team and residents were encouraged to make healthy lifestyle choices about their food and nutrition when in respite services.

Residents were supported on an individual basis to achieve and enjoy the best possible health. Residents had timely access to GP services and appropriate treatment and therapies were available, if required. In addition, residents had availed of allied health care services such as, dieticians, dentists, mental health services and other multi-disciplinary specialists in accordance with their personal plan.

Residents were encouraged and enabled to make healthy living choices. Residents were supported to shop for their own food groceries and were supported to prepare their own meals in accordance with their abilities and preferences. The inspector observed that there was sufficient fresh and tinned food available in the houses for residents to eat and snacks were also available throughout the day as desired.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
There were appropriate medication management policies and procedures in place in this

centre to ensure the safe prescribing, storing and administration of medications.

The inspector found that there were appropriate processes in place for the handling and administration of medicines and practices were in accordance with organisational guidelines and national legislation. Staff were trained in safe medication management practices.

In addition, the inspector found that there were procedures in place for the handling and disposal of unused and out of date medicines.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Effective management systems were not maintained in this centre and did not support the delivery of a safe quality service. The annual report did not outline the quality and safety of care provided in the centre.

The person in charge works in a full-time role and was suitably qualified. The person in charge also demonstrated sufficient knowledge of their statutory responsibilities to manage the centre. They had arrangements in place to meet with the staff team every six weeks to discuss the operational management of the centre. The person in charge was supported in their role by the area manager.

An annual review of the quality and safety of care in the designated centre was completed, but there was no evidence of learning from the review. In addition, a copy of the annual review was not made available to the residents. The provider had also completed one six monthly unannounced visit to the centre; however, it was not robust, and the audit did not identify areas where improvements were required. For example: health and safety and risk management, person centred planning or the recording of residents finances.

**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):**

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

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. The inspector was assured that residents received continuity of care when admitted to this service.

Staff had completed or had scheduled dates to complete the mandatory training and had access to education and training in relation to the needs of residents, and in accordance with evidence-based practice.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**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:**

Thelma O'Neill  
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 Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004462
<b>Date of Inspection:</b>	07 February 2017
<b>Date of response:</b>	05 May 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Residents were not being consulted about the day to day running of the centre, including choosing which activities should be offered. .

**1. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

While people were consulted about the day to day running of the centre including choosing their preferred activities, this was not documented in a formal fashion. Formal documentation of these meetings has now commenced on 09/02/2017.

Proposed Timescale: Completed 09/02/2017 and ongoing

**Proposed Timescale:** 09/02/2017

**Theme:** Individualised Supports and Care

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

The registered provider had not ensured that residents' privacy and dignity was respected in relation to their personal living space.

**2. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. We continue to seek additional funding from our external funding provider to acquire a different house with individual bedrooms and a second sitting room for people supported. This issue was brought to the attention of our external funding provider again at our most recent meeting on 05/04/2017.

2. While we are awaiting funding, we are currently re-structuring services in order to make a more suitable house available. This alternative house will need to be inspected and approved by HIQA before we can move people into it.

Proposed Timescale: 1. On receipt of additional capital funding 30/09/2017; 30/06/2017 or on approval by HIQA

**Proposed Timescale:** 30/09/2017

**Theme:** Individualised Supports and Care

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

The systems to manage residents' finances were not being maintained in line with the provider's policy.

**3. Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

People are supported to manage their pocket money and this is now all recorded in an income and expenditure log.

**Proposed Timescale:** 09/02/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Respite service staff were not attending residents' personal plan review meetings.

**4. Action Required:**

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

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

All individual person centred planning meetings will be attended by all relevant staff going forward and the Person in Charge will ensure that reviews of personal plans are multidisciplinary. This will commence with the next scheduled meeting.

Proposed Timescale: 28/04/2017 and ongoing

**Proposed Timescale:** 28/04/2017

**Theme:** Effective Services

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

The person in charge did not show evidence that residents' personal plans were developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

**5. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All people supported are fully involved in the development of their own individual personal plan and this will be clearly documented in future.

**Proposed Timescale:** 28/04/2017

**Theme:** Effective Services

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

Annual healthcare reviews were not being completed.

**6. 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 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:**

Due to the part-time nature of respite services, the service provider does not support people to attend healthcare reviews. However, the Person in Charge will ensure that there is a communication system whereby staff are informed of the details of annual healthcare reviews and can document same in the service provider files.

**Proposed Timescale:** 26/05/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

One house was not being kept in a good state of repair both internally and externally.

**7. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. The Person in Charge has implemented a new cleaning roster for all staff.
2. Work has commenced on interior and exterior maintenance work as required and we expect this to be completed before the end of the month.

Proposed Timescale: 1. Completed 28/03/2017; 2. 26/05/2017

**Proposed Timescale:** 26/05/2017

**Theme:** Effective Services

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

The provider did not ensure that residents were provided with adequate private and communal accommodation.

**8. Action Required:**

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

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

1. We continue to seek additional funding from our external funding provider to acquire a different house with individual bedrooms and a second sitting room for people supported. This issue was brought to the attention of our external funding provider again at our most recent meeting on 05/04/2017.

2. While we are awaiting funding, we are currently re-structuring services in order to make a more suitable house available. This alternative house will need to be inspected and approved by HIQA before we can move people into it.

Proposed Timescale: 1. On receipt of additional capital funding 30/09/2017; 30/06/2017 or on approval by HIQA

**Proposed Timescale:** 30/09/2017

**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 provider did not ensure that organisational risks were appropriately assessed, or managed and recorded on the organisational risk management system for review.

**9. 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:**

The Person in Charge is reviewing organisational risks to ensure that they are appropriately assessed and managed.

**Proposed Timescale:** 28/04/2017

**Theme:** Effective Services

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

Fire safety precautions were not adequate in this centre to alert staff or contain the spread of fire in the two houses in this centre.

**10. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. We continue to seek additional funding from our external funding provider to install fire doors and L1 fire alarms in houses as required. This issue was brought to the attention of our external funding provider again at our most recent meeting on 05/04/2017.

2. In the interim, quarterly fire drills are being carried out, fire safety refresher training is being delivered and night time procedures for fire safety have been implemented in all houses.

Proposed Timescale: 1. On receipt of additional capital funding 30/09/2017; 2. Completed 04/05/2017

**Proposed Timescale:** 30/09/2017

**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 6 monthly audit completed by the provider, was not robust and did not identify ongoing concerns or risks in the centre.

**11. 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:**

A further audit of this centre will be conducted.

**Proposed Timescale:** 31/05/2017

**Theme:** Leadership, Governance and Management

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

There was no evidence that the residents were consulted about the annual review, or that there was learning from the review and that it was made available to the residents.

**12. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Questionnaires were completed with people supported and families as part of the annual review. The Person in Charge will further review this document in respect of learning and will make same available to all people supported.

**Proposed Timescale:** 23/06/2017