

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brambley Services
Centre ID:	OSV-0005011
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Christopher Regan-Rushe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 October 2017 08:30 To: 09 October 2017 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) 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. The previous inspection of this centre took place on 2 and 3 December 2015, 17 actions were identified during that inspection. The provider submitted an action plan setting out the time-bound actions they would take to bring the centre into compliance. During this inspection the inspector reviewed the action plan submitted and found that six of these actions had not been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector was introduced to all six residents. Residents were able to welcome the inspector but were unable to communicate their views on the service. The inspector did however observe staff interacting warmly with the residents, who appeared to enjoy their surroundings. The inspector also spoke with

three staff members, including the team leader and the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a large single-level accommodation block that had been compartmentalised into a number of single dwelling and shared accommodation units, providing residential services to six full-time residents. The residents had their own bedrooms which were warm and comfortably furnished. Residents had personalised their rooms or apartments with family photographs and other personal items of their choosing. The centre was located on an urban estate in Galway. Suitable transport was made available to support the residents to access the local and wider community.

Overall judgment of our findings:

This inspection found that residents appeared to enjoy a good level of care and support provided by staff who were respectful and caring. 12 outcomes were examined on this inspection, five outcomes were compliant and three outcomes were in substantial compliance with the regulations. However, four outcomes were found to be in moderate non-compliance; including, health and safety and risk management, safeguarding and safety, notifications and governance and management.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had introduced a number of procedures and practices to ensure that the rights and dignity of residents were promoted. However, the inspector noted that some improvement was required to ensure that the placement of decorative mirrors in the residents' homes did not inadvertently impact on the dignity of residents.

Due to the complex needs of residents living in the centre, the provider had made a number of adaptations to the residents' living environments in order to protect their dignity. However, the inspector noted that one resident, who was not fully dressed following a shower, was visible from one of the lounge areas, due to the use of a split-access door and the location of a decorative mirror behind this. The inspector brought this to the attention of the provider during the inspection.

During the inspection three residents showed the inspector their rooms and how they had personalised these with photos of their family members. One resident was able to tell the inspector that they had visited their family at the weekend and pointed to their family members in the photos.

The inspector reviewed the management of, and response to, complaints in the centre. The inspector found that the two complaints, which had been received since the last inspection, had both been responded to in line with the provider's policy. In addition the person in charge had ensured that the complainants level of satisfaction with the outcome of the complaint had also been recorded. A copy of the provider's complaints policy was available in the centre.

Due to the communication abilities of the residents living in the centre the provider had developed, and was using, a DVD to support residents to understand how to raise a complaint. Records had been maintained of when the DVD had been shown to the resident and the provider told the inspector that further DVD's were being developed by service users on other topics in order to support residents to understand their rights further.

The inspector reviewed residents' financial records held in the centre. The inspector found that the provider had a good system of reconciliation and audit of residents' finances and bank accounts, in order to ensure that residents money was safeguarded. The provider told the inspector that learning from an incident in another centre had contributed to a new committee to oversee the management of financial decisions made on behalf of residents and that this had been implemented across the services.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The provider was ensuring that residents maintained meaningful relationships with their families.

The inspector reviewed records of family contact maintained in the centre. Residents and staff spoke of recent and future visits to their family homes. The inspector found examples of activities being planned with family members in the residents' personal plans. In addition, the inspector found that the provider was engaging with the residents' family members and advocates to ensure that they were involved in decisions about the care and support being provided to the residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and

includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The provider had ensured that residents' written agreements had been updated and included the charges for the care and support. In addition the written agreements included details of the services to be provided and any additional charges that the residents may incur.

The inspector found that the provider had recently completed new financial assessments for all residents following new guidance on the maximum costs residents living in designated centres should contribute towards the cost of their care. These assessments were clear and included a review of affordability for residents to ensure that they would have sufficient money left over, after the cost of their placements had been deducted, on a weekly and monthly basis, for personal spending money.

There was evidence that the provider had ensured, where possible, that these agreements had been signed by the resident, their family member or an advocate. Where these had not been signed, the provider confirmed that they were in discussion with the resident's family member to ensure that these were fully understood and agreed.

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):

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

Findings:

The provider had ensured that a comprehensive assessment of the residents' social care needs had been completed. In addition, each resident had a clear personal plan, which set out their goals for the year. These were supported by pictorial plans which showed the resident completing their goals in line with their plan.

The inspector reviewed a range of assessment and personal plan documents and found that these were highly individualised and had been developed with the residents, their relatives or advocates. The plans included a range of activities and included goals which focussed both on the social aspects and personal development of the residents. For example, some residents were attending a local day service or attending 'school'; while others were engaged in more community based activities.

In addition, the inspector noted that the plans were subject to regular and ongoing review to ensure that the impact of these plans and goals was positive on residents and their wellbeing. For example, one resident was beginning to show signs of anxiety in relation to the achievement of one of their goals. Following discussion with the multidisciplinary team, the resident and their family made the decision to defer this goal until the following year. The inspector found that this highly individualised approach to the planning and development of personal goals was ensuring that residents were able to achieve their optimum level of social care while living in the centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

This outcome was not fully inspected during this inspection. The inspector reviewed the action arising from the previous inspection in relation to the system to oversee the management and completion of maintenance in the service.

During this inspection, the inspector found that the provider now had an electronic system in place which ensured that repairs were being logged and signed off as completed electronically.

Judgment:

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):

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

Findings:

The provider had electronic systems in place to monitor and review both organisational and resident-specific risks within the centre. This system was able to produce reports on any trends that may be occurring. In addition, the provider was using this information to respond to developing risks within the service. However, the inspector found that improvements to the management and control of risks and the completion of monthly checks of the fire safety measures in the centre were required; these were not being effectively completed and monitored in the service.

The provider had introduced an electronic system for both the recording of incidents and maintenance work in the centre. In addition the provider had produced a safety statement on an annual basis, which was supported by an active risk register. The inspector found that the risk register, and the associated risk assessments, were subject to regular review and included the current controls in place to mitigate the identified risk. A review of the risk register identified that the risks focussed on risks posed to residents and did not include environmental risks specific to the centre. For example, the inspector identified a risk associated with a gate to the rear of the premises which was locked. However, this was immediately adjacent to the fire exit and could pose a risk to an effective exit from the premises, in the event of an emergency, while staff were unlocking the gate. In another example, external escape routes were not being kept clear of obstacles. During a walk around the centre, the inspector found old carpets and hosing partially blocking one exit, while in another location, large external wheeled waste bins were blocking the escape to front of the building. Neither of these risks were identified on the risk register and no control was in place to ensure that these were being regularly checked and maintained clear of obstacles. In addition monthly checks of the water temperature were not being completed, in line with the providers' procedures.

The inspector reviewed the fire safety measures in the centre and found that the provider had installed a bespoke fire alerting system to the premises, which had been an action from the previous inspection. However, the inspector reviewed the records of the safety checks being completed by staff and found that these were not occurring in line with the providers policy or as described in the action plan response to the previous inspection report. For example, while daily checks of some fire systems were being

completed, records for the monthly checks of automatic door releasers, effectiveness of fire doors, intumescent strips, carbon monoxide alarms and fire extinguishers demonstrated that these had not been completed since 30 July 2017.

The inspector reviewed the fire drill records for the service and found that the last full fire drill in the centre was completed in March 2017. The provider had told HIQA following the last inspection that these would occur on a monthly basis. While the provider produced dates that these drills had occurred during the inspection, these did not include records of the time of the drill, who was involved in the drill and the length of time the evacuation of the centre took.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the provider had ensured that restrictive practices within the centre were supported by clear risk assessments and had been subject to regular review to ensure that the rights of residents were fully supported while these restrictions were in place. In addition the provider had ensured that all restrictive practices were subject to review by a human rights committee. While residents appeared safe and well-cared for in the service, the inspector found that improvements were required to the management of safeguarding disclosures, to ensure that staff were following the national safeguarding policy at all times.

Some residents living in the centre had been diagnosed with multiple complex conditions. In addition, some residents required a high level of support due to the ongoing prevalence of behaviour that challenges. The inspector found that a significant and ongoing assessment and review process was in place in the centre to support residents with the management of behaviour that challenges. The provider had clearly documented any restrictive measures that were in place and had modified the environment to ensure that, where possible, the level of these restrictions were kept to a minimum. For example, for one resident this meant a minor change had been made to

the layout of their personal bathroom through the relocation of the shower and installing a small, permanent room divider in the shower room. While the change was minor, the impact of this on reducing the behaviour that is challenging was significant.

In another example, in an apartment occupied by a resident who had an identified risk of over-hydration, the provider had made modifications to the taps in the kitchen and the toilet areas to ensure that while the resident could access a supply of water. Water was dispensed in a measured way to reduce the identified risk. The inspector found that the provider was taking an individualised approach to the management of behaviour that challenges in the service. The provider had considered the impact each restriction and behaviour was having on other residents, to ensure that any measure that was introduced in the service did not further impact on other residents' choices and freedoms.

The inspector reviewed minutes from the Human Rights Committee and found that there was evidence that all restrictive practices were being reviewed regularly and involved independent advocates to ensure that the voice of the resident was central to any decisions made about them.

The inspector found that the provider had not notified the Office of the Chief inspector of any safeguarding concerns since the last inspection. To verify there were no safeguarding concerns, the inspector reviewed a sample of incident records and residents' daily notes. While the inspector found that the measures the provider had put in place to manage the risks of behaviour that challenges in the centre were safeguarding residents, there was evidence that a potential safeguarding concern had not been responded to in line with the national safeguarding policy. This was brought to the attention of the provider on the day of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The provider had failed to ensure that key notifications were reported to the Office of the Chief Inspector, in line with the requirements of the regulations.

Since the last inspection the provider had not reported any incidents to HIQA. During

this inspection the inspector undertook a sampling exercise to determine if there had been no such incidents in the centre. The inspector reviewed a sample of incident and residents' records and noted that low level incidents, which did not require reporting to HIQA, were being recorded on the organisations Accidents and Incidents Reporting System (AIRS).

However, during a review of residents' records, it became apparent that there were incidents that had occurred in the centre, which should have been notified to HIQA. These included an incident relating to a potential safeguarding concern and an incident where a resident had sustained an injury that subsequently required medical treatment.

As the inspector had only reviewed a sample of records this was brought to the attention of the provider and the person in charge. The provider was required by the inspector to complete a comprehensive review of residents' progress notes and provide assurances to the Office of the Chief Inspector in their action plan response that all notifiable incidents had been retrospectively reported as required by the regulations or the arrangements the provider would put in place to ensure that all non-reported incidents would be reported.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The inspector did not review all elements of this outcome. During this inspection the inspector reviewed the action taken by the provider following the last inspection and found that the provider had ensured that they had implemented measures to improve the general welfare and development of residents in the centre.

The inspector spoke with staff who stated that since the last inspection there had been an increase in the staffing level in the service to ensure that residents were supported to access educational, training and leisure pursuits. During the inspection, the inspector saw that one resident was attending lessons with a tutor, while another resident told the inspector that they were going to be attending the day service that day.

The inspector reviewed the residents' personal plans and found that the provider was

ensuring that goals included developmental opportunities for residents. Where these goals had been completed, pictures of the activities were included in the residents' personal plans.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had reviewed the statement of purpose for the service and updated this to include information which was identified as absent during the last inspection. However, upon review of the revised statement of purpose the inspector found that this did not include the details from the certificate of registration, as required by the regulations.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Not all aspects of this outcome were inspected during this inspection. The inspector found the person in charge and the team leader of the service to be both responsive and effective in the day-to-day management of the service. However, due to a number of issues identified during this inspection, the inspector found that improvements were required to the provider's governance and assurance systems.

The provider had ensured that an annual review and 6 monthly unannounced visits were occurring in the centre. These reports were detailed and included recommendations for the improvement of the quality and safety of the service provided. The inspector found that where required, an action plan had been developed and was monitored on a regular basis to ensure that the recommendation arising from these reports were being implemented.

However, during the inspection the inspector found a number of key areas where the provider's governance systems had not adequately ensured that key actions and activities as required by both their own and national policy had been implemented.

These included deficits in:

- the notification of incidents
- the detection and reporting of safeguarding concerns
- completion of fire safety checks
- the documentation of fire drills
- the sustained improvement in the actions identified within the previous inspection report.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector did not review all elements of this outcome during inspection. The inspector found that staff training and development records were readily available for review and demonstrated that all staff had completed mandatory training. However, these did not include sufficient detail to confirm that staff had attended training in food

hygiene or the completion of malnutrition assessments. This had been an action identified within the previous inspection report.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Christopher Regan-Rushe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005011
Date of Inspection:	09 October 2017
Date of response:	13 November 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: The placement of a decorative mirror in a resident's apartment was impacting on the dignity and privacy of the resident.
1. Action Required: Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

The staff team have met to discuss the mirror. The action is that the mirror is now covered. The staff team have also decided to close the top of the door between apartment two and three until the service user is dressed.

Proposed Timescale: 13/10/2017

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 had failed to ensure that all potential and actual risks in the centre were documented on the risk register

2. Action Required:

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

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

The Health and Safety officer from the organisation has visited the designated centre. The risk register is now updated and includes environmental risks.

Proposed Timescale: 18/10/2017

Theme: Effective Services

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

The provider had failed to ensure records that detailed the effectiveness of fire drills being maintained in the centre.

3. 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:

The staff team have met and reviewed the fire drills protocols. The plan is that going forward there will be a fire drill done once a month and this will be reviewed every three months by the PIC and team leader to evaluate their effectiveness for service users

and staff.

Proposed Timescale: 12/10/2017

Theme: Effective Services

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

The provider had failed to ensure that checks on the fire safety systems in the centre were occurring in line with their own policy and procedures.

4. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The team have met and have a local protocol in place to ensure that all checks are done at the required time. There is also a built in checking system to ensure all required check are completed. All staff in Brambley have been made aware of the change and their responsibly of checking fire safety systems.

Proposed Timescale: 12/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The person in charge had failed to investigate a potential safeguarding concern in the centre.

5. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The PIC and team members met with the Designated Officer who reviewed the incident. He judged it not to be a safeguarding issue. However the team have put in a procedure to ensure if any other similar issues arise they are discussed with the Designated Officer. The Designated Officer is attending the next team meeting to update all staff on safeguarding issues and the process.

Proposed Timescale: 23/10/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge had failed to notify HIQA of a notifiable occurrence.

6. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

This was reviewed and sent to HIQA on the 11th of October by the PIC.

Proposed Timescale: 11/10/2017

Theme: Safe Services

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

The person in charge had failed to notify HIQA of a notifiable occurrence.

7. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

This was reviewed and sent to HIQA on the 11th of October by the PIC.

Proposed Timescale: 11/10/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include the details from the registration certificate.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

This was reviewed and sent to HIQA on the 26th of October by the PIC.

Proposed Timescale: 26/10/2017

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 provider's governance systems were not being effectively implemented and overseen to ensure the safety and quality of the service.

9. Action Required:

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

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

There have been local protocols agreed with the team to ensure that all health and safety issues are recorded. The PIC will ensure all notification will sent to HIQA in a timely manner. All staff team members have been informed of new system to ensure safety and quality of the service.

Proposed Timescale: 26/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff training and development records did not include sufficient detail to demonstrate that staff had completed the training required by the provider's policies and procedures.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff will have the required training completed by the 31st of March 2018.

