

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heather Services
Centre ID:	OSV-0004461
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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 to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 February 2017 09:30 To: 28 February 2017 18:30

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out 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 19 August 2015. As part of this inspection, the inspector reviewed the 21 actions the provider had undertaken since the previous inspection. The inspector found that 19 of these actions had been addressed in line with the provider's response; however, two actions had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with all seven residents. The residents interacted warmly with staff who appeared to have a good understanding of the care requirements of residents. The residents' bedrooms were individually decorated with

items of personal interest and photographs of family and friends. The inspector also spoke with five staff members, including the person in charge of the centre. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story building that accommodated up to seven residents who have intellectual disabilities. The designated centre was split into two separate areas, both of which consisted of kitchen and dining facilities, living areas and individual bedrooms. Both areas were separated by an interconnecting hallway and dividing door. Each area had a separate staff team during the day and at night, and shared one night duty staff and one sleep-over staff. Each resident had their own bedroom which shared an en-suite. The house also had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. One of the areas in the designated centre, did not have a suitable number of reception rooms in which residents could receive visitors. The centre was located in a suburban area of a large town and suitable transport was made available to residents who wished to access the community.

Overall judgement of our findings:

The findings of this inspection included compliance with the regulations under several outcomes including social care, safeguarding, health and safety, notification of incidents, healthcare, medications, resources, workforce and records. However, the inspector also found that improvements were required in relation to outcomes including premises, governance and management, written agreements and residents' rights.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 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:

On the day of inspection, the inspector found that the rights and dignity of residents was respected. The actions from the previous inspection had been addressed with all complaints now investigated in a timely fashion and all complainants receiving feedback on the outcome of their complaint. However, improvements were required in regards to the management of residents' finances.

The inspector observed staff interacting with residents in a warm and respectful manner and residents appeared relaxed in the presence of staff. Residents in the centre were non-verbal, however, staff consulted with residents on a daily basis in regards to meal choice and activities through the use of a picture reference system which was adapted to meet the needs of each resident.

The person in charge maintained a log of all complaints received within the centre. Staff had a good understanding of local procedures in responding to complaints and could identify the people nominated to manage received complaints. The centre had no open complaints on the day of inspection. Residents were also supported by an "I'm not happy booklet", which detailed the complaints process in a user-friendly format.

The centre had systems in place to support residents in managing their finances. All money spent on behalf of the resident was documented and a receipt and balance check procedure was in place, which was regularly audited by the person in charge. Three residents had been supported by the organisation to purchase a car. Residents, families and advocates had been consulted prior to the purchasing of the car. However, no formal contract had been signed by residents or the provider in terms of ownership or

maintenance of the vehicle. The provider had a copy of the proposed contract, however, this had not yet been signed by the relevant parties or their representatives.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, the inspector found that residents had written agreements in place for the provision of services. However, these written agreements had not been amended from the previous inspection to accurately describe the services to be provided and any additional costs which the resident may incur. Residents' contracts stated that residents would have to contribute towards electricity and food, however, the person in charge stated that this was not the case.

Judgment:

Substantially 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:

On the day of inspection, the inspector found that the social care needs of residents was maintained to a good standard in the designated centre.

Each resident had a personal plan in place which was formulated through a person-centred approach. Each plan contained details such as, family and friends, social interests, intimate care needs, healthcare needs and risk assessment plans and reflected the assessed needs of each resident.

Each resident had identified personal goals they wished to achieve. These goals had been formulated through a consultation process with the resident, families, key workers and link workers. Each goal had an associated action plan and person responsible for supporting the residents to achieve their chosen goal. Each goal reviewed had been progressed in line with the action plan and resulted in residents' achieving goals, such as going on a holiday and attending local events.

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):

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

Findings:

On the day of inspection, the inspector found that improvements were required in relation to the lack of suitable reception rooms for residents to meet with families and friends. This action was also highlighted in the previous monitoring inspection. Some actions had been satisfactorily addressed with a separate bathroom available for visitors, suitable equipment provided to residents and maintenance issues resolved within the centre.

The centre was warm, bright, clean and suitably decorated on the day of inspection. Rooms were spacious and adjustments had been made to the environment to ensure the safety of residents. One area had an open plan kitchen and dining area which was appropriately equipped, while the other area had a separate kitchen and living area. This second area also had a relaxation room with lowered seating and mats which

residents appeared to enjoy.

Each resident had their own bedroom which had an adequate storage facilities for personal belongings. The centre was appropriately maintained and there was a large patio area to the rear of the property.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, visitors and staff was promoted within the designated centre. The actions from the previous inspection had been addressed with radiators covered, risks identified and managed and a separate bedroom available for staff. However, improvements were required in regards to fire precautions within the centre.

Staff in the centre were conducting weekly checks of fire equipment within the centre. The fire alarm and fire extinguishers were serviced as required and staff were conducting regular fire drills. The centre had fire doors in place throughout and a suitable amount of emergency lighting and smoke detectors were in place. However, the inspector found that the health and safety statement failed to accurately detail the fire arrangements within the centre, such as the number and location of smoke detectors and fire extinguishers.

The centre had an centre emergency evacuation plan (CEEP) in place and evacuation procedures were on display. However, the CEEP failed to highlight the supervision requirements of residents upon exiting the building. The CEEP also failed to highlight the use of break glass units in the event of an emergency. The inspector also noted that some designated fire exits failed to have a break glass unit in place and one fire exit was impeded by furniture.

Each resident had a personal emergency egress plan (PEEP) in place, however, the PEEPs failed to identify the use of a bus as an assembly point for residents and staff.

The centre maintained a risk register which highlighted risks within the centre and their associated management plan. Each resident also had a individual risk management plan for any identified risks.

The provider had systems in place for the identifying and recording of adverse events within the centre. The inspector noted that all adverse events had been responded to by the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

On the day of inspection, the inspector found that the provider had systems in place to safeguard residents from potential abuse. The actions from the previous inspection had been addressed with revised behavioural support plans providing guidance for staff on managing physical aggression. The provider had also implemented procedures to monitor and document the use of restrictive practices within the centre.

The centre had a policy in place for the safeguarding of vulnerable persons at risk of abuse, and all staff had been trained in the safeguarding of vulnerable adults. Staff interviewed on the day of inspection could identify potential abuse and had a good understanding of the role of the designated person to manage allegations of abuse. Staff were also able to detail the organisational procedure for responding to and reporting any alleged abuse.

The inspector reviewed a sample of behavioural support plans which guided staff in regards to the specific care requirements of residents. Each plan contained an assessment of the resident, including target behaviours, health variables and a data analysis. The behavioural support plan then focused on antecedent behaviour and recommendations in the response to behaviours that challenge.

The centre had systems in place to monitor the use of restrictive practices within the centre. Each restrictive practice was used for the shortest durations and had been reviewed by the rights committee within the organisation.

Judgment:
Compliant

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):

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

Findings:

On the day of inspection, the centre maintained a copy of notifications which were submitted to the authority. The person in charge had a good understanding of notifications which are required to be submitted. The provider had also addressed the actions from the previous inspection with restrictive practices now included on the quarterly notifications.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that residents were supported to have the best possible health.

Inspectors reviewed a sample of personal plans and found that residents were regularly reviewed by their general practitioner and had access to specialists such as neurology, endocrinology and the mental health services. Residents were also reviewed by allied health professionals such as occupational therapists, physiotherapists and speech and language therapists. Inspectors noted that all prescribed recommendations from allied health professionals had been implemented by staff.

Personal plans had a detailed medical history for each resident in place and an information sheet of care, if required, in respect of each medical condition. Each resident had a hospital passport in place which supported the care of the resident when attending hospital. Each passport detailed the resident's past medical history, relevant clinicians and support needs in areas such as communication, eating and drinking and personal care.

Staff were also observed preparing a home cooked meal which appeared nutritious and satisfying.

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:

On the day of inspection, inspectors found that there were systems in place for the safe receipt, storage, administration and recording of medications.

Inspectors found that staff who had been trained to administer medications, had good knowledge of the safe administration of medications and could detail the procedures in respect of a medication error occurring. Medications were observed to be appropriately stored and the keys for the medication storage were held in a cupboard with key code access.

The centre maintained accurate prescription and administrations recording sheets. The centre maintained a log of received and returned medications and medication audits were regularly occurring.

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:

On the day of inspection, the centre had a statement of purpose in place which described the service provided. The actions from the previous inspection had been addressed with a revised whole-time equivalent of staffing reflective of the roster.

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:

On the day of inspection, the inspector found that the centre had management and governance systems in place. The actions from the previous inspection had been addressed with a full-time person in charge in place. The provider had also carried out the annual review of the quality and care provided in the centre. However, improvements were required in relation to the implementation of all actions plans generated following the last monitoring inspection.

The provider had carried out an annual review which highlighted the achievements of residents and staff over the previous year. The review had been completed following consultation with residents and families and had looked at areas such as complaints and adverse events and episodes of challenging behaviour. The annual review also incorporated the planned improvements that the service required such as facilitating some residents to move into the local town.

The provider had also conducted a six monthly audit of the quality and care provided in the designated centre. An action plan had been generated from this audit, which incorporated areas for improvement such as improvements to risk assessments, evacuation procedures and again, facilitating residents to move to the local town.

The inspector reviewed all actions from the previous monitoring inspection and found that some had not been satisfactorily implemented since the previous inspection.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

On the day of inspection, the inspector found that the centre was adequately resourced to meet the assessed needs of residents. The actions from the previous inspection had been addressed with extra staffing resources deployed at night. Residents were supported by appropriate staff numbers to engage in activities within the local community. Residents also had access to a number of vehicles which facilitated community involvement.

Judgment:

Compliant

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:

On the day of inspection, the inspector found that the designated centre had appropriate staff numbers to meet the assessed needs of residents. The actions from the previous inspection had been addressed with revised sleep over start times and an accurate roster in place.

The person in charge maintained an accurate staff roster and staff within the centre and staff were up-to-date with training needs. Staff indicated that they felt supported by the organisation and received regular support and supervision. Staff were also attending regular team meetings, the minutes of which were recorded.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

On the day of inspection, the inspector found that documentation was held within the centre was of a good standard and supported the delivery of care for residents. The actions from the previous inspection had been addressed with staff having a good knowledge of behavioural support plans and policies used within the centre. The directory of residents was also found to be accurate.

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:

Ivan Cormican
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-0004461
Date of Inspection:	28 February 2017
Date of response:	15 March 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents' contracts for the ownership and maintenance of a vehicle were completed.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

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:

The agreement for ownership and maintenance of vehicles has now been finalised by solicitors and will be signed off at the next management meeting.

Proposed Timescale: 28/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreement failed to accurately describe the services to be provided and any additional costs which the resident may incur.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Individual Service Agreements are currently being reviewed and updated in line with new charges per requirements of our external funder.

Proposed Timescale: 21/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the centre had an appropriate number of reception rooms for resident to have visitors such as families and friends.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The application for additional funding has been escalated with our external funders. Plans to re-structure this designated centre are in place but these are dependent on

receiving these additional funds.

Proposed Timescale: 30/06/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that the centre's safety statement accurately described the number and location of smoke detectors and fire extinguishers within the centre.

4. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The Person in Charge has reviewed the fire safety management systems and the safety statement has been updated.

Proposed Timescale: Completed 07/03/2017

Proposed Timescale: 07/03/2017

Theme: Effective Services

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

The provider failed to ensure that fire exits were free from obstruction.

5. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The obstruction has been removed from the one fire exit in question.

Proposed Timescale: Completed 28/02/2017

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The provider failed to ensure that the centre emergency evacuation plan listed the use of break glass units and highlighted the supervision requirements of residents upon exiting the building.

The provider also failed to ensure that residents' personal emergency egress plans reflected practice within the centre.

6. 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:

1. A break glass unit will be installed at the one emergency exit in question.
2. All fire safety management plans have been reviewed and updated to ensure that all steps in the evacuation procedure are noted for staff and people supported. All Individual Emergency Plans for people supported have been reviewed and updated.

Proposed Timescale: 1. 31/03/2017; 2. Completed 07/03/2017

Proposed Timescale: 31/03/2017

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 failed to effectively implement all actions generated from the previous monitoring inspection.

7. 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:

The application for additional funding has been escalated with our external funders. Plans to re-structure this designated centre are in place but these are dependent on receiving these additional funds.

Proposed Timescale: 30/06/2017

