Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Poppy Services</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004472</td>
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<tr>
<td>Centre county:</td>
<td>Roscommon</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Glacken</td>
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<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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**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: 20 July 2016 09:00  To: 20 July 2016 18:30

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

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Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor ongoing 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 4 December 2014. As part of this inspection the inspector reviewed the actions the provider had undertaken since that inspection. Of the 11 actions required, 10 had been addressed in line with the provider’s response and one had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence

As part of the inspection, the inspector met with two residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. Some of the residents’ bedrooms were individually decorated with personal photographs, achievements and music posters. One resident chose not to decorate their bedroom with personal effects. The inspector also spoke with three staff members, including the person in charge. 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. In
each outcome the inspector focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

Description of the service
The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre comprised three modern houses that accommodated six residents who have moderate intellectual disabilities and behaviours that challenge. Some of the residents also have a diagnosis on the autistic spectrum. On the day of inspection two residents resided in each house. The three houses were located within a short drive of a large town, with each house having the use of transport to access the community. All the houses were spacious, clean, well furnished and provided adequate personal and communal space for residents.

Overall judgment of our findings:
The inspector found that residents received a good quality of service in the centre, although there were some areas for improvement identified. The inspector found that the provider had put systems in place, with good practices identified in all outcomes inspected.

The inspector found examples of compliance with the regulations in the following areas:
- The complaints process was user friendly with all complaints addressed in a timely manner (outcome 1)
- All contracts contained relevant information in regards to the service provided and the fees to be charged including details of additional charges (outcome 4)
- The premises were well maintained both internally and externally (outcome 6)
- Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenge (outcome 8)
- Medications were administered in line with best practice (outcome 12)

The inspector found improvement was required in the following areas:
- The provider failed to ensure that the premises had addressed all risk in regards to the detection and containment of fire (outcome 7)
- The healthcare needs of the residents were not fully documented (outcome 11)
- Six monthly audits were not carried out by the provider (outcome 14)

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:
On the day of inspection, the inspector found that residents were consulted about how the centre is planned and run. Residents' independence was actively promoted and their rights and dignity was respected.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had large bedrooms which were well furnished and had ample storage space. These rooms were decorated with personal photographs of family and friends, music posters and art. One resident chose not to decorate their bedroom with personal effects. There was a suitable amount of shared bathrooms available which met the needs of residents.

An intimate personal care plan had been developed for each resident to ensure privacy and respect. Each plan reflected the assessed needs of individual residents, with clear guidance for staff in attending to personal care such as preferences, pace and level of independence.

The actions from the previous inspection had been addressed with a revised complaints log and a user friendly version was available to residents. A centre specific complaints procedure was written in a legible format, including pictures, and was designed to be clear and accessible to both residents and their families. The inspector reviewed the complaints log which detailed all complaints received. It showed clear timelines in regards to responding to complaints and the actions taken. All of the reviewed complaints had been dealt with by the person in charge in a prompt manner. The person in charge was also listed as one of the nominated persons to deal with
complaints. Two staff were interviewed on the day of inspection. Both staff had a good understanding of the complaints procedure and could identify the person in charge as the nominated person to deal with complaints.

Residents were actively involved in the running of the centre. Residents made decisions on a daily basis in regards to activities, meal choice and household chores including grocery shopping. Residents were also supported to do their own laundry. A local advocate had visited the centre and informed residents of the rights and the advocacy process. The charter of human rights was also on display within the centre.

The inspector reviewed residents' finances within the centre. All balances reviewed by the inspector were as documented with good control measures in place to protect residents from financial abuse. All balances were checked daily by staff on duty, all receipts were referenced and individually documented for each resident. The person in charge also carried out monthly audits of both receipts and bank statements.

**Judgment:**
Compliant

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**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 inspector reviewed all contracts for the provision of services. All contracts viewed were signed. The necessary amendments required as per the previous inspection were implemented with new contracts now including the care and support services offered during the day for residents.

There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents, however, there was an admissions policy to guide the process if required.

**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:**

On the day of inspection, the inspector found that the well being and welfare of residents was maintained to a good standard within the centre.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans, each of which reflected the assessed needs of the residents. Each plan contained details such as personal goals, family and friends, social interests, intimate care plans, personal development, healthcare needs and risk assessments.

Each resident had goals identified through the use of personal outcome measures. The goals identified for each resident was person centred. Some of the goals identified for residents included visiting family members abroad, employment opportunities, arts and crafts and wood work. Family members were invited to circle of support meetings every six months in regards to residents individualized goals.

Residents had good family contact with all plans viewed containing family pictures and a log of family contact which was well maintained. Residents were assisted to keep in contact with family members by using skype, phone calls and by arranging family visits. One resident used a tablet to store family photographs including family events such as weddings and football matches.

Within the centre, residents were assisted to access the community on a daily basis. Residents used the local amenities such as restaurants, public houses, barbers and shops. One resident was involved with a local football team and helped with sports drinks and arranging jerseys. A resident also assisted an elderly neighbour by delivering a daily newspaper.

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

**Findings:**  
The inspector found that there were measures in place to address emergencies, risk and incidents within the centre. The centre had policies and procedures in place relating to risk management. However, the inspector found that improvement was required in respect of fire precautions.

The risk register for the centre was reviewed by the inspector. It contained detailed risk assessments in regards to various identified risks such as self injurious behaviour, accessing the community, hospital visits and trips, slips and falls. All risks were rated and the necessary control measures to mitigate the risk were documented. Incidents were recorded by staff and addressed by the person in charge.

The inspector found that there were some good practices for the detection and prevention of fire however, improvements were required. Regular fire drills and simulated night time fire drills had taken place. Adequate emergency lighting had been installed to illuminate emergency exits as detailed in the previous action plan. One of the three houses had a fire alarm in place and fire fighting equipment. Service records for one house indicated that the emergency lighting, fire fighting equipment and fire alarm system were serviced at regular intervals. Staff carried out weekly checks of the fire alarm, emergency lighting and fire escapes. However, the inspector found that the other two houses that made up the designated centre did not have fire alarms in place to alert residents and staff in the event of a fire. Staff in these two houses were also checking the available fire equipment on a monthly basis such as fire exits, emergency lighting and smoke alarms. The inspector also found that fire doors were absent from the three houses.

There was an emergency evacuation plan in place for each house within the designated centre. There was also emergency accommodation listed in the event of the centre being closed due to loss of power or flooding. Each resident's file viewed had a personal emergency egress plan (PEEP) in place which was regularly reviewed and was in line with the centre’s emergency evacuation plan. However, the inspector noted that a PEEP for one resident stated that the resident was to be wrapped in a sheet and removed from the building. The PEEP did not state that the resident was to walk from the building or be facilitated to exit by sliding on the sheet. The person in charge stated that the resident would be slid from the bed to the floor and removed from the building using the sheet. The inspector noted that this procedure presented a high risk of personal injury to the resident. The procedure had not been a assessed in terms of risk by the provider, or the procedure had not been assessed in an actual simulated fire drill.
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):
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 adequate measures in place for the prevention, detection and response to alleged abuse. The safeguarding policy had been amended since the previous monitoring inspection to include information on how to protect residents and evidence in the event alleged abuse.

There were measures in place to safeguard residents. There was a policy on the safeguarding of adults with a disability from abuse. The inspector reviewed a sample of training records which indicated that staff had attended training on safeguarding. Staff who spoke with the inspector were clear on what actions they would take in the event of suspected or alleged abuse with all staff stating that they would make the person safe and contact the designated person who deals with any allegations of abuse. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were a number of restrictive practices used within the centre on the day of inspection such as the use of a safety harness for transport, access to the kitchen and pantry and physical restraint. All restrictive practices were in accordance with the organization’s use of restrictive practices policy. The human rights committee had reviewed and upheld all restrictive practices within the designated centre. The inspector reviewed documentation that clearly detailed when a restrictive practice was used, why it was used and the length of time it was used for. The person in charge stated that all restrictive practices within the centre was the least restrictive possible and used for the shortest duration possible. Each restrictive practice used within the centre was risk assessed and risk rated with appropriate control measures in place to address the named risk. All staff were trained in the management of actual or potential aggression, human rights and abuse prevention.
Each resident had a detailed positive behavioural support plan in place which was devised by the multi-disciplinary team. Each plan directed staff in supporting residents with behaviours that challenge including the functions of behaviour, preventative and reactive strategies, coping mechanisms and self regulation. Three staff were interviewed as part of the inspection process. Each staff had an understanding of each resident's positive behavioural support plan and could describe how residents were supported with behaviours such as aggression, self injurious behaviour and obsessive behaviour. All staff explained how the use of routine, visual schedules, objects of reference, staff induction and low arousal techniques were used to support residents to access the community and engage in meaningful activities. Staff also stated that all behaviours that challenge were documented and reviewed by the multi-disciplinary team at regular intervals.

**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:**
On the day of inspection, the inspector found that overall, residents were receiving a good quality of care in terms of healthcare needs. However, there was some improvement required.

Each resident had access to allied health professionals, general practitioner (GP) and specialists such as psychiatry, neurology and cardiology. The sample of files reviewed by the inspector indicated that residents were reviewed at least annually by their GP. Residents were also facilitated to visit their GP in times of illness, with all medical interventions required at that time documented. Residents were also assisted to attend mental health clinics and were reviewed in line with the recommendations from those clinics.

Residents had access to specialists such as cardiology and neurology. Residents with cardiac and mobility issues were supported by staff to attend appointments as required. Staff reported to the inspector that the blood pressure and pulse of residents with cardiac issues were recorded within the centre. The inspector found that there was no care plan in place to guide staff in relation to specific cardiac conditions and as a result the inspector found that these recordings were carried out in an inconsistent basis.
Residents also had access to allied health professionals such as opticians, dentists, chiropody and physiotherapy. Residents visited these health professionals every six months and as their healthcare needs changed. The residents' body mass index was monitored on a monthly basis. Residents with a high body mass index were referred to the dietician. All recommended interventions prescribed by the dietician such as increased exercise and calorie controlled diets were implemented.

**Judgment:**
Substantially Compliant

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**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:**
The inspector reviewed documentation and work practices in regards to medication management within the designated centre. An organizational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

All relevant staff had been trained in the safe administration of medication. Staff interviewed by the inspector had knowledge of best practice in regards to the safe administration of medication. Medications were stored appropriately in a locked press, with the keys to the press being held by the senior staff on duty. The person in charge had conducted documented monthly audits which highlighted issues such as medication administration recording errors. Any recorded medication errors were brought to the attention of staff and used to promote the safe administration of medication.

**Judgment:**
Compliant

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**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:
On the day of inspection, the inspector found that the person in charge was supported by the organization to carry out her role. The organization had clear management structures in place which supported all staff within the designated centre. Regular team meetings were also taking place within the designated centre. Staff interviewed on the day of inspection stated that they felt supported by the person in charge.

The person in charge had detailed knowledge of personal plans, the needs of residents and had a good understanding of the regulations. The person in charge stated that she was supported by the area manager to carry out her role and received regular supervision. She also carried out the majority of actions from the previous inspection within agreed timelines and as specified. Staff interviewed stated that they felt supported by the person in charge and indicated that she was available should any issues arise. The person in charge attended regular team meetings, contacted the centre on daily and visited the centre on a regular basis. Formal staff supervision has commenced in the centre.

The annual review had taken place, however, six monthly unannounced audits had not taken place in the designated centre as detailed in the regulations and in 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):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
On the day of inspection, the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector also found that staff in the centre had received adequate training to carry out their roles. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection.

The training matrix viewed indicated that all staff were up-to-date with training needs. Training records indicated that all staff had received training in adult safeguarding, management of behaviours that challenge, manual handling, fire safety and medication management. The inspector reviewed four staff files. All files contained the necessary information as detailed in Schedule 2 of the regulations.

**Judgment:**
Compliant

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**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 overall the records and documentation were maintained to a good standard.

During the course of the inspection a range of documents such as the personal plans, accident and incident records, complaints register, staff recruitment files and health care documentation were viewed. The documentation was found to be well organised with clear and concise information available to the inspector. All files were reviewed on a yearly basis, with personal plans and healthcare records revised as residents' needs changed. The centre had all of the required policies as listed in Schedule five of the regulations.
The actions as listed in the previous inspection report were satisfactorily implemented with significant improvement noted in the documented procedures for managing residents' finances including monthly audits by the person in charge.

**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 report

<table>
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<tr>
<td>Date of Inspection:</td>
<td>20 July 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 September 2016</td>
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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 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 risk assess the personal emergency evacuation plans of residents in terms of the personal injury.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and compliance with legal norms.
1. **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 Personal Emergency Egress Plan (PEEP) has been reviewed. A further risk assessment has been completed in respect of any personal injury to people supported and this is now being safely managed.

**Proposed Timescale:** 29/08/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
(1) The provider failed to ensure that there were adequate arrangements in place for the detection of fire in the designated centre.  
(2) The provider failed to ensure that there were adequate arrangements in place for the containment of fire in the designated centre.

2. **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. An application will be made to the landlords to install fire doors and fire alarm panels throughout the two houses that are rented. 30/09/2016  
2. If the landlords agree to install fire doors and alarm panels, we will request that this is done immediately. 30/11/2016  
3. If the landlord does not agree to install fire doors, we will apply to our external funding body for the additional capital funding required. 30/09/2016  
4. An application will be made to our external funding body for the additional capital funding required to install fire doors throughout the 1 house that is owned in this designated centre. 30/09/2016  
5. On receipt of the additional capital funding, we will immediately carry out the work. 31/01.2017

**Proposed Timescale:** 31/01/2017

**Outcome 11. Healthcare Needs**  
**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The provider failed to ensure that plans were in place to guide staff in relation to the health care needs of residents.
3. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
An information sheet on the cardiac condition in question is now in place to guide all staff in supporting the person.

**Proposed Timescale:** 26/08/2016

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**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 carry the six monthly unannounced visits in regards to the safety and quality of care and support provided in the designated centre as detailed in the regulations.

4. **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:**
Unannounced visits are planned.

**Proposed Timescale:** 31/10/2016