



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Paddocks
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	28 July 2021
Centre ID:	OSV-0002064
Fieldwork ID:	MON-0028922

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Paddocks can provide 24 hour care and support to five people with Autistic Spectrum Condition (ASC) and associated conditions such as learning disabilities, mental health issues, epilepsy and other complex needs. Currently there are four residents living in the centre. The ages of the service users supported are from 18 years of age. A person centered service is provided, appropriate to the residents' individual needs. The designated centre consists of a main home with a living room, conservatory, kitchen, bedrooms and bathrooms. There are also two self-contained apartments, with one person living in each apartment, located on the grounds of the main house. Each resident has their own bedroom. The homes are in close proximity to local transport links and driving distance to many local amenities. A team leader, senior social care worker, social care workers and support workers support the residents as required according to their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 July 2021	10:00 am to 6:00 pm	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The provider and person in charge endeavoured to ensure the delivery of safe care whilst balancing the rights of residents to take appropriate risks. Residents were supported to live as independently as they were capable of. Overall, the inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support.

On the day of inspection four residents were living in the centre. Two residents lived together in the main house and two other residents lived in their own own accommodation which was separate to the main house. On the day of the inspection, most of the residents went out on planned community activities for the day. The inspector met briefly with two of the residents. During this time the inspector observed the residents to appear familiar and relaxed in their surroundings and in the company of staff.

On review of the centre's annual report the inspector saw that residents' families had been consulted about the care and support provided to their family members. Overall, the annual review relayed that feedback from residents' families was positive. Families expressed that they believed their family members' emotional wellbeing to be appropriately supported. They understood restrictive practices to be in place for the safety of their family member and expressed that they were kept informed about any changes to the care and support provided to their family member.

The inspector visited the main house and one of the premises within the centre. Overall, the inspector observed the premises to be warm and homely. In the hallway of the main house there was a mural of a large tree which had photos of the residents and their staff members and included messages promoting residents' rights. There were also colourful murals on the walls of the other premise including colourful benches and recycled tyres outside the back patio area where the resident's artwork projects took place.

Each resident was provided with their own bedroom which were decorated in line with each resident's likes and wishes and in a way that met the residents' needs. However, the inspector observed that some of the bedrooms required upkeep. For example, one resident's bedroom had a lot of black marks on the flooring, another resident's en-suite required upkeep to the shower tray, wall tiles and ceiling. One resident's wardrobe was in disrepair however, the inspector was shown a new wardrobe that was currently being put together for the resident's bedroom.

Notwithstanding the above, the inspector found that, overall, the design and layout of the premises endeavoured to ensure that each resident could enjoy living in an accessible, safe and comfortable environment that provided appropriate stimulation

and opportunity for the residents to rest and relax. There was a large sensory room out the back of the main premises available to residents. The room included an array of sensory lighting and equipment including bubble tubes, fibre optics and a water-bed. There was also a decking area out the back of the house and a large grassed garden to the front of the house that included swings and a trampoline. However, the inspector observed that one piece of outdoor equipment required repair.

Due to the COVID-19 health pandemic restrictions, residents' community activities and family visits had been limited however, they had recommence with many of the residents now enjoying family visits again.

Residents were enjoying community activities such as shopping, nature walks, going to the local duck pond and reservoir for walks and picnics. Residents were also supported to enjoy on-site activities including hobbies they were interested in such as, cooking, gardening and bird-feeding.

On observing residents, who used non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During brief conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

Residents were supported to be consulted in the running of the centre through social stories and through monthly consultation one to one meetings with their keyworker. Residents were kept informed about the current health pandemic and ways to keep themselves safe including hand hygiene, social distancing and wearing a mask when out in the community. Residents were also informed and supported through this process during their vaccination process.

In summary, the inspector found that, each resident's wellbeing and welfare was maintained to a good standard and that there was a visible person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that overall, a good quality service was being provided to residents living in the designated centre. There was a clearly defined management

structure in place in the centre. The service was led by a capable person in charge, supported by senior management who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. However, to ensure a better and safer lived experience for the residents, the inspector found that improvements were required to the areas of premises and fire precautions. These are addressed in the quality and safety section of this report.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual review of 2020 of the quality and safety of care and support and there was evidence to demonstrate that the residents and their families were consulted about the review. An unannounced visit of the centre had taken place in June 2021 and in addition, unannounced night-time inspections were completed by area managers to monitor the quality of care provided to residents and to ensure continuous quality improvements occurred. Furthermore, there was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. The staff roster was reviewed and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person and staffing arrangements included enough staff to meet the needs of the residents. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief staff was required, only staff from a core relief panel, who were familiar with the residents' needs, were employed.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives

Judgment: Compliant

Regulation 15: Staffing

The roster demonstrated that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall, governance and management systems in place endeavoured to ensure residents were in receipt of a safe and quality service. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications were being submitted to HIQA as per the regulatory requirement.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. However, to ensure the safety of residents at all times, the inspector found that improvements were warranted to the centre's fire management systems and premises.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. A number of residents' planned community-based goals for 2020 had been put on hold due the current health pandemic restrictions. However, residents were encouraged to engage in other activities that were in line with their interests and were not impacted by the restrictions. For example, some residents enjoyed going for local walks, gardening, time on the trampoline and a variety of sensory activities but to mention a few.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. The residents' healthcare plans demonstrated that each resident had access to health and social care professionals including access to their general practitioner (GP). Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports.

The provider and person in charge endeavoured to promote a positive approach in responding to behaviours that challenge. Arrangements were in place to support and respond to the resident's assessed support needs. Residents' positive behaviour support plans were regularly updated by an appropriate professional and included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs.

For the most part, restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration. Restrictive interventions had been assessed to ensure its use was in line with best practice. However, not all restrictive practices recorded in residents' personal plans had been reviewed in line with the centre's policy. On the day of the inspection, senior

management provided the inspector with planned enhancements to the management of restrictive practices including, implementation, monitoring and review of such practices.

There was an up-to-date safeguarding policy which was made available for staff to review. Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. Regular local audits of the residents' finances took place to ensure each resident's money was maintained appropriately.

In April 2021, due to a concern regarding the timeliness of reporting safeguarding incidents, the provider was required to submit a provider's assurance report to HIQA to ensure that the systems in place protected residents from all forms of abuse and that staff were supported to raise any concerns or suspicions of abuse. The provider submitted comprehensive assurances within the required timeframe and on the day of inspection, the inspector found that all actions on the report were completed and robust systems were in place to protect residents from all forms of abuse.

Overall, the design and layout of the designated centre ensured that residents could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents living in the centre. Residents expressed themselves through their personalised living spaces such as their bedrooms which were decorated in line with their likes and wishes. However, the inspector found that improvements were warranted to the upkeep of some of the internal and external areas of the house so that residents were living in a home that was in good decorative repair, mitigated the risk of infection and ensured external activity facilities were maintained appropriately for the residents to enjoy.

There was a risk register and it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Overall, appropriate individual and location risk assessments were available to ensure that safe care and support was provided to residents. However, on the day of the inspection, improvements were required to ensure that all potential risks relating to the safety of residents, in the event of a fire, had been assessed and that appropriate control measure were put in place.

The inspector found, overall, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed cleaning records which demonstrated that a high level of adherence to cleaning schedules was taking place. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current pandemic.

The inspector found that the fire safety management systems in place required reviewing to ensure its effectiveness and the safety of all residents at all times. A fire risk assessment had been carried out in December 2020 however, the provider

had not been provided access to the assessment until May 2021. The assessment identified that not all escape arrangements in the centre were adequate or a good arrangement. The assessment also recommended a review of the alarm installation be completed within three months alongside a review of the centre's means of escape. In April 2021, the provider had completed a health and safety audit which also identified issues relating to the alarm system and fire containment. However, not all actions from the risk assessment or audit had been completed. On the day of the inspection, the inspector found that the fire alarm system in the apartment (which was a separate building to the main house) required reviewing to ensure there was adequate arrangements in place for detecting fires. In addition, a fire seal was missing from an internal door in the main house.

During a review of one of the centre's evacuation routes, the inspector observed a gateway to be locked. The code in place for the lock was incorrect however, the person in charge promptly rectified the error and ensured the correct code was in place and that staff were made aware of the correct code. However, the locking system on the gate was in disrepair and overall, a review of the escape route, including a risk assessment, to ensure the safe evacuation of residents, in the event of a fire, was needed. In addition, a review of the escape route from a resident's bedroom in the annex building and the sitting room in the main house was needed as the only exit route from this room was through the kitchen.

The inspector also found that a review of the fire equipment was required. While the majority of the equipment had been serviced and there was documentation in place to demonstrate the service, on the day of the inspection there was no documentation to demonstrate if a stairwell fire ventilation window had been serviced in the last twelve months. There was a small fire extinguisher in the outside sensory cabin however, it had not been included on the yearly service and there was no evidence to demonstrate when it had been last serviced. On the day of the inspection the person in charge advised they would replace it the next day and organize for it to be included on the centre's yearly fire equipment service.

During conversations with staff, the inspector found that, overall, staff were knowledgeable in fire safety. Regular fire drills were taking place however, improvements were warranted to ensure that where issues arose and recommendations had been made or implemented, that they were appropriately recorded on the drill record to better ensure shared learning, and to reduce the risk of the issue recurring.

Regulation 17: Premises

The inspector visited two of the three premises within the designated centre. Some of the repair work had been identified on the designated centre's health and safety audit however, there was no timeframe provided for their completion.

In an upstairs en-suite bathroom there was mould on the ceiling and on the wall tiles of the shower. The shower tray was cracked and there was no shower curtain in place.

A downstairs office door required upkeep. There was stains and markings from sticky tape on the door and where a mechanical arm had been replaced, there was several unfilled screw holes.

There was no toilet seat or cover on a downstairs toilet.

In one apartment there were black marks throughout the floor in the bedroom and stains and damage to the kitchen floor. The kitchen table was marked and chipped.

In the decking area outdoors, a hammock type swing required repair as it was unclean and ripped in some areas.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to the residents. However, on the day of the inspection improvements were required to ensure that all potential risks relating to the safety of residents, in the event of a fire, had been assessed and that appropriate control measures were put in place. This is addressed in regulation 28.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the day-to-day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Residents were supported to better understand the current health pandemic, including the vaccination process, through social stories and one to one consultation meetings with their keyworker.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspector found that the fire safety management systems in place required reviewing to ensure their effectiveness and to ensure the safety of all residents, at all times.

In particular, a review of the following areas were needed;

The designated centre's fire alarm system, drill records, risk assessments, service of fire equipment and timeliness of follow up from health and safety audits and fire risk assessments and the escape routes from a resident's bedroom in the annex building and from the sitting room in the main house.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans included an assessment of each resident's health, personal and social care needs and overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. Residents engaged in regular one-to-one consultation meetings with their keyworker which monitored the progress of their goals and their achievements.

Judgment: Compliant

Regulation 6: Health care

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge.

For the most part, restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration. However, not all

restrictive practices recorded in residents personal plans had been reviewed, at least every six months, in line with the centre's policy.

Judgment: Substantially compliant

Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Paddocks OSV-0002064

Inspection ID: MON-0028922

Date of inspection: 28/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance works order sent to the housing authority for all maintenance works that Are the responsibility of the housing authority, works order sent for the upstairs en-suite bathroom to include, new shower tray, Heat activated extractor fan installation which will support the elimination of mould, new Velux window being sought with built in vent and support plan revisited with client to support understanding of opening the Window, plan put in place to trial new shower curtains/screens with client until client satisfied and success is achieved.</p> <p>Maintenance log currently in place, this is transferred to the maintenance list, this will now be updated to identify areas for improvement, this will be signed off on by service manager and passed to the maintenance department for all maintenance works that are the responsibility of the organization, a timeframe for works requiring completion will now be added to this list to ensure completed in a timely manner.</p> <p>Health and Safety weekly internal checklist will be updated to include cosmetic improvements required and then passed to the team leader to transfer to the maintenance list.</p> <p>Health and Safety audit tool will be updated to include a deadline for actions requiring completion.</p> <p>Plan has been put in place with client to trial a variety of toilet seats until client is satisfied and success is achieved,</p> <p>New flooring researched for apartment with client input to begin to replace with new floor, moving forward this will be captured on the weekly Health and safety checklist and health and safety audit tool,</p> <p>The kitchen table in the apartment has been replaced moving forward this will be</p>	

captured on the weekly Health and safety checklist and the health and safety audit tool,
Office door with sticky tape marks and screw holes will be replaced with a brand new door moving forward this will be captured on the weekly Health and safety checklist.

There are plans in place for the outdoor hammock swing to be reupholstered and for a cover to be made to prevent further weather damage, moving forward this will be captured on the weekly Health and safety checklist and the health and safety audit tool,

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Quote for the supply and installation of a LD1 fire alarm system (which is in line with the change of regulations in 2017) for the apartment have been obtained and is awaiting installation.

Fire seal on one fire door is being replaced. Going forward the weekly health and safety checklist will be updated to capture the inspection of all fire door seals, this will also be captured on the health and Safety Audit tool,

Review of the escape route from the bedroom of the apartment to the side gateway has been undertaken. Lock on the side gateway of the apartment to be removed entirely which negates the need of a sign for code on lock and avoids the possibility of if being changed and allows for immediate access for resident to evacuation route out of her bedroom to the fire assembly point, the Personal Emergency Egress plan will be updated to reflect this, all fire exits are checked daily and will also be checked weekly on the health and safety checklist.

A request has been sent to the housing authority to ask the fire risk assessors to sign off on the evacuation route from the main house sitting room via the kitchen. It has been requested that the provider establish if this is acceptable and in line with fire compliance regulations or if there is a need to make structural changes and install a door/route from the sitting room in to the hall. This was not something highlighted in the fire risk assessment completed in December 2020 by the fire professional. The provider is awaiting response from fire risk assessor and will follow up upon receipt of this and liaise with the housing authority if structural changes are required..

The housing authority has been contacted to follow up on the structural works required for a fire escape route from the bedroom in the Annex that will avoid the resident having to exit through the kitchen in the event of a fire this was identified by their fire risk assessor, once complete the Personal Emergency Egress plan will be updated to reflect this, all fire exits are checked daily and will also be checked weekly on the health and safety checklist.

A request for a service of the fire ventilation window has been submitted to the company responsible. Small fire extinguisher in the sensory cabin has been replaced and the company that services the fire equipment has been contacted and has now added this extinguisher to their annual service, this will be also captured through the health and safety audit tool and weekly health and safety checklist,

The fire drill record sheet has now been reviewed and the section where recommendations are included has been altered to include immediate actions undertaken as well as future actions (to be carried out within one week) to ensure that any actions that have been carried out immediately are now being recorded.

The health and safety audit tool is being updated to include a column for a date to have actions completed by, these will then be returned to the Health and safety officer once complete.

Going forward it has also been requested by the provider that the housing authority sends on all reviews and update to their fire risk assessment within 5 working days of completion. To ensure that the provider is always in possession of the most up to date assessment. The PIC will make contact with the housing authority on date the FRA is due review to request updated version,

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The one restrictive practice that was not reviewed within a six month period has since been reviewed, moving forward the working file audits completed on a monthly basis will now be passed to service manager where outstanding actions are required, the form will be updated to capture manager signature.

Restrictive practices will now be reviewed by the practice support team on a quarterly basis, this will be recorded in the minutes of the meetings,

The 6 monthly unannounced audit will continue to check that all restrictive practices are reviewed in service and also at the Practice Support Team meetings.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	01/12/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	01/12/2021
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services,	Substantially Compliant	Yellow	01/09/2021

	bedding and furnishings.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/10/2021
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	01/12/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	01/09/2021