



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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 August 2021
Centre ID:	OSV-0007700
Fieldwork ID:	MON-0028814

About the designated centre

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

The Meadows provides residential services to 3 males aged 22 – 35 who have a diagnosis of Autism. The centre comprised of a three bedroom house. The house consists of a sitting room, a sunroom, a downstairs toilet, utility room, 3 bedrooms and an office. Two bedrooms are en-suite and there is a downstairs bathroom. The centre is staffed by a person in charge, a team leader, a senior social care worker, 3 social care workers and 5 care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 5 August 2021	10:30hrs to 18:00hrs	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 life which was respectful of their choices and wishes. The provider and management ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. Residents had the opportunity to live a good life without undue restrictions because of the way risk was managed in the centre.

The inspector met with all three residents on the day of the inspection and with the support of staff had brief conversations with two residents. Conversations between the inspector and the residents took place from a two metre distance (as much as possible), wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

On day of inspection, two residents were observed coming and going throughout the day either to appointments, shopping or community activities. One resident told the inspector that they were exciting about going home to visit their family at the weekend.

The inspector found that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives. The management and staff acknowledged these relationships and supported residents keep regular contact with their families through family visits in the centre, at their family home, in the community and through regular video and phone calls.

On review of the centre's annual review consultation process, the inspector noted that, overall, feedback from the residents' families to be positive. Families were complimentary of the care and support staff provided to their family member. Families were happy about the care their family member received during the current health pandemic restrictions and in particular, about how staff supported their family member through the test and vaccine processes. Families expressed that they found the centre to be homely. They also advised that they were happy with the individual supports provided to their family member and that they believed they were protected from all forms of abuse.

Residents were consulted about the care and support they were provided in the designated centre. On a regular basis, residents met with their keyworker for a consultation meeting to discuss the progress of their goals including other matters such keeping safe during COVID-19, information on HIQA inspections, trying out new activities, volunteering and upcoming celebrations but to mention a few.

Residents were supported to engage in activities which were of interest them such as cooking, going hiking, shopping and DIY projects. Residents were encouraged and supported to engage in household tasks as a way of promoting their

independence. During the current health pandemic when community activities were restricted, residents were supported to engage in online activities such as dance classes, yoga, meditation and art classes.

Overall, the inspector observed the house to have a homely atmosphere with lots of photographs throughout the centre of residents enjoying various activities with their friends and family. There was a number of large pieces of artwork hanging on the walls of the house which had been painted by a resident. There were trophies displayed on the sitting room cabinet shelves which had been won by a resident. The inspector observed a number of new items of furniture in the residents sitting room and was informed that two residents had recently chosen new armchairs to support their comfort and enjoyment while watching television. Overall, the layout of the house met the needs of the residents however, the inspector observed that a number of decorative and structural repairs were required in the centre. These have been addressed in the quality and safety section of the report.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff it was obvious that staff clearly interpreted what was being communicated to them by the residents.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options which were recorded in their personal plan. Treats were also available to residents such as take-out meals and a wide variety of healthy snacks.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents 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 where they were empowered to have control over and make choices in relation to their day-to-day lives.

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 the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. The provider had ensured that the centre was adequately resourced and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. However, in relation to the governance and management systems in place to monitor the safe delivery of care and support to residents, a review of local governance and management systems in place was needed to ensure appropriate oversight of the designated centre at all times.

On the day of the inspection the person in charge was on annual leave, however, the person participating in management assisted with the inspection in their absence.

The inspector found that for the most part, there was satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality. The provider had completed an annual report in January 2021 (revised April 2021) of the quality and safety of care and support in the designated centre and this was made available to residents and their families. Residents and their families had been consulted in the process. A six monthly unannounced review of the quality and safety of care and support in the centre had been carried out and in addition to this, peer to peer quality monitoring reviews of service delivery in the centre were regularly completed by senior managers who were responsible for a different centre.

The provider carried out financial audits which included a review of the centre's petty cash and an audit of each resident's finance records. However, on the day of the inspection the inspector found that, although residents' monies were being audited locally by staff, there had been no financial audit by the provider since January 2020. As such, there was no adequate oversight, at senior management level, of residents' finances.

The statement of purpose clearly defined the management structure and lines of authority in the designated centre however, in relation to the role of the person in charge, the inspector found that the areas of accountability and responsibility required reviewing. Through a documentation review and conversation with the person participating in management, the inspector found that team leaders were responsible for monitoring a number of systems within the centre however, there was minimum documented evidence of additional oversight from the person in charge. For example, the team leaders were responsible for the monitoring and oversight of health and safety systems such as daily, weekly and monthly fire safety checks, residents' person plan reviews, staff training schedules and carrying out one to one supervision meetings with staff.

On review of staff meetings, the inspector saw that the person in charge had not attended meetings in April, May and June 2021. The inspector was advised that the person in charge was not required to attend the designated centre's staff meetings. These meeting reviewed matters relating to residents' care and support, staff training and development and health and safety issues. Furthermore, the inspector found that on-site visits by the person in charge, since their commencement in

January 2021 to date, had been minimal with many of the visits relatively brief in time.

Overall, while the current local monitoring systems in place endeavoured to achieve positive outcomes for residents, however, the inspector found that, to ensure appropriate oversight of the designated centre at all times, a review of the person in charge's responsibilities and level of accountability was needed.

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. 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.

The inspector found that staffing arrangements included enough staff to meet the needs of the residents and overall, there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. There was a core team of staff in place and where relief staff were required, primarily the same two relief staff who were familiar to the residents and their assessed needs were employed. There was a staff roster in place and overall, it was maintained appropriately. The centre's staff roster clearly identified the times worked by each person however, an improvement was required to the roster so that it clearly recorded when the person in charge was present the house.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. Staff had each received training in key areas such as safeguarding, fire safety and positive behaviour support, as well as additional training specific to residents' assessed needs.

Regulation 15: Staffing

The inspector found that staffing arrangements included enough staff to meet the needs of the residents and overall, there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person however, an improvement was required to the roster so that it clearly recorded when the person in charge was present the house.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. Staff had each received training in key areas such as safeguarding, fire safety and positive behaviour support, as well as additional training specific to residents' assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that for the most part, there was satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality.

However, while the current local monitoring systems in place endeavoured to achieve positive outcomes for residents, to ensure appropriate oversight of the designated centre at all times, a review of the person in charge's responsibilities and level of accountability was needed.

Judgment: Substantially 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 incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce

recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including access to an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have. On the day of the inspection there were no open complaints or no complaints made in the last 12 months.

Judgment: Compliant

Quality and safety

The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that management and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, on the day of the inspection, improvements were needed to the centres' premises and fire precautions.

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.

Residents were supported to engage in meaningful goals which were in line with their likes and interests and promoted independence and community integration. For example, some residents choose goals around cooking, shopping, healthy eating and exercise and DIY projects. The progress of resident's goals were reviewed on a monthly basis with the resident and their keyworker. Where appropriate, residents were provided with an accessible format of their plan including their monthly progress report which included an array of photographs of residents participating in and achieving their goals.

Appropriate healthcare was made available to residents having regard to their

personal plan. Plans were regularly reviewed in line with the residents assessed needs and required supports. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily. On review of residents' menu plans, the inspector found that the choice of food, beverage and snacks offered to residents was varied, nutritious and in line with each resident's likes and tastes. Residents' plans also demonstrated many physical activities residents were supported to engage in and during the current health pandemic, when community activities were limited, residents were encouraged to take part in online physical exercise and keep fit programmes.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary. All staff had received up-to-date training in the safeguarding and protection of vulnerable adult and staff who spoke with the inspector were familiar with reporting systems in place, should a safeguarding concern arise. There were safeguarding measures in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspector reviewed a number of behavioural incident logs and found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. However, a review of the incident log template was needed to ensure that it captured and monitored any possible impacts that behavioural incidents may have on other residents.

The house was found to be suitable to meet residents' individual and collective needs. For the most part, the physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre. However, the inspector found that improvements were warranted to some areas of the house. The provider had identified a number of these tasks, and on the day of inspection, the inspector was advised that, both the organisation's maintenance team and an external company, had been contacted and plans were in progress to complete the work.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents.

The inspector found that staff were innovative in finding ways to support the residents enjoy life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents were encouraged to engage in activities that promoted their independence in their home and in the community such as DIY projects,

cycling, cooking and trying out new activities.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. 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, the inspector observed the house to be clean and that cleaning records demonstrated a good level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19 and staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Residents were provided with easy-to-read documents and social stories regarding COVID-19 matters to support their understanding of the current health pandemic including matters such as wearing PPE, good hand hygiene and COVID-19 testing and vaccination processes.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. The inspector found that, overall, the firefighting equipment and fire alarm system were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. However, a review of the current fire equipment servicing system was required to ensure it included all additional firefighting equipment that had been purchased from outside the centre's current external fire safety company.

Regulation 17: Premises

Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way.

The kitchen units were in disrepair and badly marked and stained with paint peeling from some surfaces.

Overall, the house required paintwork including repair work to some walls that were chipped including the kitchen ceiling which had been stained due to a leak in an upstairs bathroom.

A review of the storage systems in place in one of the resident's bedroom was required. In addition, there was a significant amount dust build-up on the

lampshade in the resident's bedroom and the health and safety audit had noted a dust built-up in the ventilation system in the same room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Staff had completed specific training in relation to the prevention and control of COVID-19 and were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day.

Judgment: Compliant

Regulation 28: Fire precautions

There were satisfactory systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures and overall, firefighting equipment and fire alarm systems were appropriately serviced and checked.

However, a review of the current fire equipment servicing system was required to ensure it included all additional firefighting equipment that had been purchased from outside the centre's current external fire safety company.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with each resident's assessed needs and required supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. Residents had access to, and where appropriate, were supported by members of a multidisciplinary team. Positive behaviour support plans were informed by an appropriate professional and comprehensively guided staff in the delivery of care.

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. All restrictive interventions had been assessed to ensure its use was in line with best practice and there was a monitoring system in place to support the removal or reduction of a restrictive practice at the earliest opportunity.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adult and staff who spoke with the inspector were familiar with reporting

systems in place, should a safeguarding concern arise.

Overall, incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. However, a review of the incident log template was needed to ensure that it captured and monitored any possible impacts that behavioural incidents may have on other residents.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Meadows OSV-0007700

Inspection ID: MON-0028814

Date of inspection: 05/08/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Autism Initiatives are in the process of appointing service team leaders to become PIC's. To comply with this regulation both team leaders (job share) for The Meadows will become PIC's for The Meadows. Notification for same has been submitted through the HIQA portal; date of change over submitted for 25.10.2021. This will ensure PIC's are rostered in advance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>With review of the PIC role, both team leaders (job share) will become the PIC's for The Meadows. Current PIC (Area Manager) will become PPIM. Notification for same has been submitted through the HIQA portal; date of change over submitted for 25.10.2021. This will ensure local management systems in place while being supported by the Area Manager/PPIM.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Meadows building is overseen by internal maintenance and external property company. The internal maintenance will complete the paint work and repair walls by 31.10.2021 for rooms not being renovated. New bathroom is being installed and starting on 27.09.2021 for works. Kitchen and new office area will have completed any paintwork in these areas when works have been completed.

The external property services are completing the project of installing a new kitchen and office. Property and assets officer has estimated a date before 31.10.2021 to begin on installing this. Current PIC GH has been in contact with property and assets officer in two week intervals for updates.

In relation to the storage in service user's bedroom; a review has taken place and from this review the function of this storing of items is due to hoarding, new storage would likely result in extra items being purchased. To address the underlying concern the assistant psychologist has met with the team to plan to reduce the volume of items being stored. Plan in place with the service user to remove items once per month. Service user has agreed with this plan during a service user consultation. Service user has engaged in the plan and started to recycle items. This is now on his personal quality enhancer (PQE) and will be continued in conjunction with his plan for purchasing new items. Plans will be reviewed at future planning meeting and every three months.

All vents to be inspected by maintenance and replaced where required.

Daily cleaning list to be updated to include higher surfaces such as lampshades, tops of wardrobes and curtain rails. Replace bedroom lampshades.

Any concerns noted on the health and safety audit to be emailed to the PIC upon completion of the audit.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Review of fire equipment has occurred. All firefighting equipment purchased from sources external to the fire safety company to be added to the list for regular servicing by fire safety company.

Additional firefighting equipment to be serviced by fire safety company prior to next full service; date for inspection has been arranged for 17.09.2021.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: New log has been created to ensure any behavioural incidents that are witnessed by other residents are monitored by local management and Area Manager for oversight of any effects. Safeguarding where applicable will be reported as per safeguarding policy and procedures.</p>	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	25/10/2021
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.	Substantially Compliant	Yellow	31/10/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its	Substantially Compliant	Yellow	31/10/2021

	accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	25/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	25/10/2021
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	31/10/2021

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	07/09/2021
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