

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oakwood
<b>Centre ID:</b>	OSV-0001519
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peter Bradley Foundation Limited
<b>Provider Nominee:</b>	Donnchadh Whelan
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	1

## **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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
15 November 2016 09:30	15 November 2016 17:30
16 November 2016 09:30	16 November 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents. Some of the residents told the inspector that they were happy living in the designated centre, and that they were supported to be as independent as possible. Some residents showed the inspector their rooms and others demonstrated their hobbies. The inspector also met with staff members and the person in charge. The inspector observed practices

and reviewed documentation such as personal plans, accident logs, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a spacious six bedroom house within easy access of the local town and of public transport.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents, and that there was an ethos of maintaining and developing independence for residents.

Good practice was identified in areas such as:

- Residents had a meaningful day in accordance with their needs and preferences (Outcome 5)
- There were measures in place to protect and safeguard residents. (Outcome 8)
- Staff were available to provide appropriate care and support for residents (Outcome 17)
- Residents were supported to set and reach goals towards maximising their potential (Outcome 10)

Areas which required improvement were:

- Fire safety systems (Outcome 7)

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):**

No actions were required from the previous inspection.

**Findings:**

Residents were consulted about the organisation of the centre, complaints were well managed, and there was an ethos of upholding the rights of residents.

Weekly meetings were held for residents who wished to attend them, at which various issues were discussed, including independence, rights and menu planning. In addition residents told the inspector that they were always consulted about aspects of their daily lives, and that they were always asked for their opinion. Residents were involved in their personal plans if they so wished, and some residents signed off on sections of their plans.

There was a complaints procedure in place, and this was displayed as required by the regulations and forms were available for both complaints and complements. The designated person was named and their photograph was displayed. A complaints log was kept which included a record of the outcome of complaints, and whether the complainant was satisfied with the outcome.

The autonomy of each resident was respected, each had a key to their own room and to the front door and each was encouraged and supported to maximise their independence.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

All residents were able to communicate freely, and some additional assistance such as visual aids were in place to assist understanding for some residents.

There was wireless internet in the house and each resident had their own device as well as access to the house tablet. Information for residents, such as the staff rota, was clearly displayed.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Links with families and friends were facilitated and supported. Visits home were supported, and families and friends were welcome in the designated centre. Several friends of residents visited the house during the course of the inspection.

There was clear evidence of family involvement in the personal planning process where residents chose this involvement.

Links had been forged and maintained with the local community, and residents were involved in their local community both independently and with support.

Goals for some of the residents related to gaining independence in the community, for example some residents were now accessing community facilities with only distant

support of staff.
<b>Judgment:</b> Compliant

<b>Outcome 04: Admissions and Contract for the Provision of Services</b> <i>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.</i>
<b>Theme:</b> Effective Services
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Written agreements were in place for each resident which outlined the services offered and any charges incurred by residents.  There was a local admissions policy in sufficient detail as to guide practice. The person in charge outlined plans to relocate the service to a new home which was under construction. Residents were already involved in this transition, they had visited the site and were keeping track of progress.
<b>Judgment:</b> Compliant

<b>Outcome 05: Social Care Needs</b> <i>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.</i>
<b>Theme:</b> Effective Services
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a personal plan in place for each resident, and evidence of a meaningful day for all residents.

Personal plans, known as an 'individual rehabilitation plan' (IRP) were based on a thorough assessment with multi-disciplinary input. Thorough personal plans had been developed with detailed information about various aspects of care and the resident's life. The plans were well organised and clearly indexed.

There was an assessment for each resident titled 'Assessment of Current situation' which included an update on progress towards goals, and any current areas of focus.

Goals were set in accordance with residents' assessments, and related to gaining and maintaining independence. Long term goals were further broken down into short term goals to aid achievement. These goals were regularly reviewed, and the personal plans were reviewed annually at a meeting involving the residents and their families. Residents decided how much involvement they wished to have with the personal planning process.

Progress for residents was evident, for example some were making their own meals and others were attending clubs and events in the community.

Various activities were facilitated and supported for residents in accordance with their needs and preferences. For example residents engaged in music and art, and various activities in the local community. A record of activities was maintained, and this was referenced to goals set for residents.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The designated centre was a detached six bedroom house in close proximity to the local town and public transport.



Each resident had their own room, decorated in accordance with their preferences, and each had their own bathroom. There were sufficient communal and private areas in the designated centre, and a functional outdoor space.

Residents had adequate storage for their belongings, and areas in which to undertake their hobbies.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were structures and processes in place in relation to the management of risk, although improvements were required in the risk management policy, and improvements were required in fire safety.

Accidents and incidents were reported and recorded appropriately. Records included a description of the incident, a description of actions taken, and any further actions required to prevent recurrence. Those incidents reviewed by the inspector had been followed up appropriately.

There was an organisational and local risk register in place, and various risks were assessed and mitigated through this process, including personal risks to residents and environmental risks in the designated centre. There was also a 'person served risk management plan' in place for each individual resident which included the assessments and management plans for issues such as outings, travel and managing stairs.

There was a risk policy in place; however it did not include all of the requirements of the regulations, some of which were listed rather than addressed.

Some arrangements were in place in relation to fire safety, including regular fire drills. All staff and residents had received fire safety training and there was a personal evacuation plan in place for each resident.

However, there were no fire doors and no emergency lighting in the designated centre. In addition, while there were battery operated smoke detectors in each room, there was no integrated alarm system and no heat detecting alarm system.

The designated centre was visibly clean and there was a cleaning task rota and cleaning record kept. Cleaning equipment was stored appropriately and there were adequate hand hygiene facilities.

**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:**

Systems were in place to ensure the protection of vulnerable adults. Residents had all received training in the protection of vulnerable adults, and there was a named advocate available to them.

Staff had also all received training, and demonstrated knowledge of the types and signs of abuse, and their roles and responsibilities in relation to the protection of vulnerable adults.

While there were no behaviours of concern at the time of the inspection, the psychologist had been involved with some of the residents, and detailed behaviour support plans were in place providing detailed guidance both in the prevention of behaviours of concern and in the management should any incidents occur.

Residents were supported to be independent in the management of their personal finances in accordance with their needs and preferences which were outlined in an assessment document.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where*

*required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

All appropriate notifications had been made to HIQA in a timely manner.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There was a clear ethos in the designated centre of gaining and maintaining independence and of maximising residents' potential. Various examples of this for all residents were clear, as evidenced by meaningful goal setting and clear steps being identified and gradually reached by each person.

Some residents had made significant progress in regaining independence, for example in reduced support for social activities for some residents, and in learning new skills for others. Some residents attended college and some were learning new hobbies.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Residents healthcare needs in all areas reviewed by the inspector were being met. There was also evidence that the nutritional needs were being met, including clear evidence of the availability of choice for residents regarding their meals and snacks.

Plans of care were in place in relation to physical health, mental health and positive behaviour support in accordance with each person's assessed needs. All the healthcare needs reviewed by the inspector had resulted in the relevant input from members of the multidisciplinary team (MDT) and had generated appropriate plans of care which regularly reviewed. All staff members engaged by the inspector were aware of these plans of care, and could describe the implementation of them.

Examples of these plans of care included a clear plan in relation to the management of epilepsy, skin conditions and mental health care plans for others in accordance with their assessed needs. Evidence of the input of various members of the MDT included psychology, neurologist and optician was available in residents' records. The psychologist was involved in goals setting for residents, and in regular reviews of their personal plans.

Residents were all involved in increasing independence in relation to diet and food preparation. They were involved in menu planning and shopping, and were supported at various levels to prepare their own meals.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There were structures and processes in place to ensure the safe management of medications.

Prescriptions for both regular medications and 'as required' (p.r.n.) medications contained all the information required by the regulations. Administration of p.r.n. medications was recorded on the administration sheet, and also on a more detailed administration form which included details of the circumstances of the administration.

Self medication assessments had been conducted for each resident, and each was supported to be as independent as they chose. Where staff were managing medications they were stored appropriately in a locked wall cabinet in a locked office. Medications were supplied in blister packs for the most part, and administration observed by the inspector was in accordance with best practice. Staff had all received training in the safe administration of medications, and could demonstrate knowledge of the medications for each resident.

There was a system for the management of potential medication errors including an appropriate recording and reporting system, and review through the accident and incident monitoring. The pharmacist had recently undertaken to conduct audits of medication, and the first audit had been completed.

**Judgment:**  
Compliant

### **Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

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

### **Findings:**

The provider had prepared a statement of purpose which accurately described the service provided to residents.

**Judgment:**  
Compliant

### **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a*

*suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the centre was appropriately managed and there was evidence of a clear management structure and governance within the service.

The person in charge was appropriately skilled, qualified and experienced, and showed evidence of continuing professional development. He was a regular presence in the centre and was known to the residents. He had a detailed knowledge of the assessed needs of residents.

There was a clear management structure in place, and all staff were aware of this structure. Within this structure regular meetings were held including regional meetings and monthly team meetings. The minutes of these meetings included a discussion of each resident and a record of any agreed actions. Actions were monitored at subsequent meetings, and those actions reviewed by the inspector had been completed.

Six monthly unannounced visits on behalf of the provider had taken place, and the resulting document identified required actions, the person responsible and the required timeframe. All required actions resulting from these visits reviewed by the inspector had been implemented.

Communication was managed by various systems including handover sheets, communication books and diary and emailing, for example new policies or presentations from training days.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate deputising arrangements in place in the event of the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The designated centre appeared to be appropriately resourced. There were sufficient staff to meet the assessed needs of residents, and all required equipment was available. There was a vehicle available for the sole use of the designated centre.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Staff had various qualifications and expertise,

including counselling, relationships and the management of aggression and violence. All mandatory training was up to date, including fire safety, safe administration of medications and protection of vulnerable adults.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring. Staff displayed significant knowledge in the area of acquired brain injury, in accordance with the statement of purpose.

Staff files were reviewed by the inspector and found to contain all the information required by the regulations. A six monthly staff appraisal system was in place, as was regular supervision, and records were kept of these processes.

Continuity of staff was managed by having a core team of permanent staff, and a regular panel of relief staff who were known to the residents.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**  
Use of Information

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
All records to be kept in the designated centre in respect of each resident were in place, records required under Schedule 4 were available and were examined by the inspector. All the policies required under Schedule 5 were in place.

All information was readily retrievable, and stored appropriately and securely.

**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:***

Julie Pryce  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001519
<b>Date of Inspection:</b>	15 and 16 November 2016
<b>Date of response:</b>	23 January 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 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 risk management policy did not include all the requirements of the regulations.

#### 1. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of

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

a resident.

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

Our Risk Management policy 3.2.2 will be reviewed and will be amended to include "actions in place to control the unexplained absence of a resident".

Proposed Timescale: Week beginning 13th February

**Proposed Timescale:** 13/02/2017

**Theme:** Effective Services

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

There were no fire doors, no emergency lighting in the designated centre, no integrated alarm system and no heat detecting alarm system.

**2. Action Required:**

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

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

- 1) Registered provider to source 3 x reputable fire safety businesses and receive quotes from them for an effective fire safety management system.
- 2) Fire doors x 2 to be installed. One in the kitchen and one in the main hall dividing the daily living quarters from the bedrooms.
- 3) Funding for installation of effective fire safety management system to be sourced.
- 4) Upon receipt of funding effective fire safety management system to be installed in Oakwood.

Proposed Timescale:

- Installation of Fire Doors x 2: Monday 31st January 2017.
- 3 x quotes for fire systems to be received: Mon 6th February 2017
- Decision on Fire System: Friday February 10th 2017
- Submission for Funding: Tuesday February 14th 2017
- Installation: By Monday July 31st 2017

**Proposed Timescale:** 31/07/2017