

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Orchard Grove Residential Service
Centre ID:	OSV-0001756
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 January 2017 09:00 To: 04 January 2017 17:35

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 23 and 24 June 2015. The designated centre is part of the service provided by Western Care Association in Mayo. The centre provided a full-time seven day residential services to adults with a disability.

How we gathered our evidence:

During the inspection, the inspector met with all three residents as a group and individually. Residents told the inspector that they enjoyed living at the centre and that they were supported by staff very well and liked them. Residents told the inspector that they were supported to access activities of their choice in the local community. In addition, residents told the inspector that they were involved in decisions such as choosing the weekly menu through their regular residents meeting. Where residents were unable to tell the inspector about the quality of support they received, the inspector observed staff supporting them in a caring manner which was reflective of their needs. The inspector met with staff members, observed practices and reviewed documentation such as personal plans, health records, risk assessments, policies and staff files.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified. Furthermore, the person in charge was both knowledgeable on the needs of residents and their requirements under regulation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre is a bungalow, close to a nearby town, with easy access to all local amenities and shops.

The bungalow comprised of three bedrooms of which two had ensuite shower facilities. In addition, the centre had a further two communal bathrooms with either a shower or bath provided. The centre provided two communal sitting rooms with a further sitting room being provided for one resident adjacent to their bedroom. The centre has a communal kitchen dining room along with staff office and sleepover facilities and an external laundry room.

Overall Findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote both the rights and safety of residents. The inspector found that the provider had put systems in place to ensure that the regulations were met, although actions identified in the previous inspection relating to identified building risks had not been addressed, which are described in the main body of this report.

The inspector found staff to be knowledgeable on the needs of residents and consistent in their approach to the management of behaviours of concern. The inspector found that the governance and management at the centre resulted in positive experiences for residents.

Summary of regulatory compliance:

The centre was inspected against eight outcomes. The inspector found compliance in three out of eight outcomes inspected in relation to healthcare, medication management and the centre's statement of purpose. The inspector found moderate non-compliance in two outcomes relating to residents' personal plans and building related risks. Substantial compliance was found in three outcomes relating to staff training and the centre's annual review into care and support provided.

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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that personal plans were reflective of residents' needs.

Residents had up-to-date personal plans based on a comprehensive assessment of their needs. Personal plans included areas of support such as independent living skills, behaviours of concern and personal safety. The inspector found that residents' personal plans were further reinforced by associated documents such as individual communication profiles, health action plans and behaviour support plans on the residents' needs. The inspector found that personal plans were reflective of staff knowledge and observed practices on the day of inspection. The inspector found that although residents were involved in the development of their personal plans through meetings with staff, personal plans were not available in an accessible format.

Personal plans incorporated residents' personal goals. The inspector found that goals were reflective of residents' needs and interests and for example included goals such as accessing community activities, maintaining relationships and health management programmes. Residents' personal goals were clearly described including the individual steps to achieve them, named staff support and timeframes for achievement.

Residents goals were updated every four months in line with the provider's policy and personal plans were reviewed annually. Annual reviews involved residents and their representatives as well as the input of multi-disciplinary professionals.

Residents and staff told the inspector about the range of community activities accessed at the centre. The inspector sampled residents' daily care notes and activity records. The

inspector found that records maintained at the centre, although referencing community activities undertaken by residents were not fully reflective of weekly activity and personal goal information examined.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre had a risk management system in place which ensured residents' safety, although previous inspection findings had not been addressed.

The centre had an up-to-date risk management policy which was reflective of staff knowledge.

Following the previous inspection, the inspector reviewed actions undertaken by the centre. The inspector found that risks relating to ramps at the front door and a resident's fire door had not been addressed by the provider. The person in charge told that inspector that although identified as ongoing risks they had not been addressed due to funding constraints.

The centre's risk register and assessments were up-to-date and reflective of both environmental and resident-related risks observed by the inspector. The risk register identified control measures to be implemented to mitigate risks which were reflective of staff knowledge and practices observed by the inspector. Risks relating to residents were further addressed in individual 'Risk Management Plans'. The inspector found the plans to be comprehensive in nature and included both proactive and reactive strategies to manage the risk. In addition, plans were developed and reviewed in conjunction with multi-disciplinary and family input.

The inspector reviewed the centre's accident and incident records. The inspector found that accidents and incidents were discussed at staff meetings from minutes examined and discussions with staff. Furthermore, the person in charge completed a quarterly review of all accidents and incidents at the centre, which was used to assess the quality of care and support provided at the centre.

The centre had access to its own transport. The centre's vehicle was equipped to meet

the needs of residents at the centre and was well maintained.

Infection control practices and staff knowledge was in line with the centre's policy. Suitable laundry facilities were provided and both staff and residents had access to hand sanitizers throughout the centre. In addition, the inspector observed hand hygiene information displayed in the kitchen and communal bathrooms.

The inspector reviewed fire safety arrangements at the centre. The inspector found that suitable fire equipment was provided at the centre. Fire equipment included a fire alarm, fire call points, extinguishers, magnetic fire doors and emergency lighting. From records reviewed, the inspector found that all equipment was regularly checked, by staff and external contractors, to ensure it was in full working order.

The inspector reviewed the centre's fire drill records. Records showed that regular simulated fire drills were conducted using minimal staffing levels at the centre. All residents had an up-to-date 'Personal Emergency Evacuation Plans' (PEEPs) which were reflective of residents' needs and resident and staff knowledge.

The fire evacuation plan was prominently displayed at the centre with an accessible version available for residents. The inspector found that both residents and staff knowledge was reflective of the centre's evacuation plan. The inspector found that although staff were knowledgeable on actions to take in the event of a fire, training records examined showed that not all staff had up-to-date training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Centre staff were knowledgeable on policies on the prevention, detection and investigation of abuse and provided personalised support to residents in the management of behaviours that challenge.

Throughout the inspection, residents were supported in a respectful and dignified manner by staff. Residents appeared comfortable with the support they received. Where able, residents told the inspector that they were happy with the support they received and liked the staff in the centre.

The centre had an up-to-date policy on the prevention, detection and investigation of abuse in place. Staff had a good understanding of what constituted abuse and the actions they would take in line with the centre's policy. Staff accessed training on safeguarding of vulnerable adults, although not all staff had received up-to-date refresher training in line with the provider's policy.

The centre had an up-to-date policy on the management of behaviours of concern which included the use of restrictive practices. The inspector examined residents' behaviour support plans. Plans were developed with a named behaviour specialist and reviewed regularly. Behaviour plans were comprehensive and included proactive and reactive strategies to support the resident. Plans reviewed by the inspector were reflective of discussions with staff and observed practices on the day of inspection.

Following incidents of behaviours of concern, the inspector found that risk assessments and behaviour support plans had been updated. In addition, behaviour support plans were discussed in team meetings which were reflected in meeting minutes and staff knowledge.

The inspector found that although staff knowledge and practices reflected behaviour support plans examined, not all staff had up-to-date positive behaviour management training.

The inspector reviewed restrictive practices at the centre such as the use of door lock key pads and locked kitchen cupboards. Records showed that practices were assessed and reviewed with multi-disciplinary and family input. The inspector found that restrictive practices used to support residents were the least restrictive method available. Furthermore, where restrictive practices were used they had been introduced so not to disadvantage other residents at the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had access to a range of allied healthcare services in line with their needs.

The inspector reviewed residents' healthcare records. Residents had access to a range of allied healthcare professionals reflective of their needs and including general practitioners, physiotherapy and chiropody.

Each resident had a comprehensive health action plan which was regularly reviewed and clearly identified the resident's healthcare needs and supports provided. In addition, health action plans included goals agreed with the resident such as weight management programmes. The inspector found that staff knowledge and observed practices were reflective of the health action plans examined.

Furthermore, In the case of dietary needs, the inspector found that dietician and speech and language assessments had been completed which were reflected in residents' personal plans and staff knowledge.

The centre maintained records of meals provided. The inspector reviewed food records which showed residents had access to a range of healthy and nutritious food. Residents told the inspector that they choose the weekly menu, which was evident in resident meeting minutes examined. Residents told the inspector that they were involved in food shopping and meal preparation dependent on their abilities, which was reflected in records reviewed and staff knowledge.

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:

The centre's medication arrangements were reflective of the provider's policy.

The inspector found that medication prescription and administration records included residents' personal information as well as the medication's dosage, route and administering times.

Medications was administered to residents by staff who had completed 'Safe

Administration of Medication' training, which was reflective of training records examined and staff knowledge. The names of all staff administering medication were recorded in a signature bank included in the centre's medication records.

Protocols were reviewed for the administering of 'as and when required' medication. Protocols clearly showed when medication should be given and the maximum dosage. Medications were regularly reviewed by the resident's named General Practitioner. The inspector found that staff knowledge was in line with examined medication protocols.

The inspector observed that medication was securely stored at the centre, with out of date medication being segregated from current medications. Out of date or discontinued medication was returned to a local pharmacy, and staff knowledge and records reviewed was reflective of practices at the centre.

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 centre's statement of purpose was reflective of service provided to residents.

The statement of purpose was regularly reviewed and reflected the services and facilities available at the centre. An accessible version of the statement of purpose was included in the centre's resident guide.

Following the previous inspection, the document had been revised to reflect the up-to-date room designation at the centre. In addition, the inspector found that the statement of purpose included supports available to residents to access education, training and employment, which had not previously been included.

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 centre's governance and management arrangements ensured residents were kept safe and supported in line with their personal plans,

The management structure was reflective of the centre's statement of purpose and staff knowledge.

The person in charge is full-time and is responsible for the centre along with a second designated centre in the local area. The person in charge was suitably qualified and knowledgeable on both residents' needs and their regulatory responsibilities. Staff told the inspector that the person in charge had a regular presence at the centre, which was reflected in team meeting minutes and staff supervision records examined.

The person in charge told the inspector that they provided formal supervision to all staff employed at the centre, which was reflected in discussions with staff and documentation reviewed. Furthermore, the person in charge facilitated monthly staff meetings which covered areas such as residents' needs and the centre's operational management.

Staff told the inspector that they found the person in charge to be both approachable and responsive to their needs.

The inspector found that the person in charge completed regular audits in areas such as medication management, residents' personal plans, accidents and incidents and financial procedures to ensure compliance with both the provider's policies and the regulations. The results of audits completed were discussed by the person in charge in individual staff supervision and team meetings.

The inspector reviewed six monthly unannounced visits to the centre conducted by the provider. Reports were comprehensive in nature and identified areas for improvement to ensure compliance with the provider's policies and the regulations. Furthermore, documentation reviewed showed actions taken by the person in charge to address the findings from the visits. Copies of the unannounced visit reports were available at the centre.

The inspector reviewed the annual review of care and support at the centre which was

completed by the person in charge for 2015. The review was comprehensive and examined the centre's compliance with regulation as well as analysis of areas such as complaints, resident satisfaction and accidents and incidents. The inspector found that the 2016 annual review was not available at the centre at the time of inspection.

Judgment:

Substantially 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 at the centre was reflective of residents' needs.

The inspector found the centre had both a planned and actual roster which was reflective of staffing provided during the inspection. The inspector found staffing provided at the centre enabled residents to meet their needs in line with personal plans reviewed and discussions with both residents and staff. The inspector found that residents received respectful and timely support from staff during the inspection.

Staff accessed a range of mandatory and centre specific training although the inspector found that not all staff had up-to-date training in fire safety, safeguarding of vulnerable adults and positive behaviour management.

Staff told the inspector that they attended team meetings chaired by the person in charge. The inspector reviewed meeting minutes which reflected discussions on topics such as resident needs, staff training and organisational policy.

In addition to team meetings, staff received regular supervision from the person in charge. The inspector examined supervision records which showed staff were supported to meet residents' needs and access training opportunities to further develop their skills and abilities.

The inspector found that staff knowledge on regulatory requirements such as notifiable events was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files which contained all information as required under Schedule 2 of the regulations.

Judgment:
Substantially 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:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001756
Date of Inspection:	04 January 2017
Date of response:	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 05: Social Care Needs

Theme: Effective Services

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

Residents daily care notes were not reflective of residents' personal plans and discussions with staff and residents.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

All residents activities and routines were reviewed at staff meeting. A protocol has been agreed for the completion of daily logs to reflect the level of activities residents are supported to engage in.

Proposed Timescale: Completed 13/01/2017

Proposed Timescale: 13/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not available in an accessible format.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Resident's personal plan is available in an accessible format (pictures on her IPAD). The other residents already have accessible versions of their personal plans available

Proposed Timescale: Completed on 9/01/2017

Proposed Timescale: 09/01/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector found that previous risk that had been identified on inspection at the centre had not been addressed.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A handrail will be installed on the ramp at the front entrance –

Handrail will be installed on step at exit door of residents bedroom

Proposed Timescale: 30/01/2017

Theme: Effective Services

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

Not all staff at the centre had up-to-date fire safety training.

4. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The staff has been nominated for the next training event to complete refresher training in Fire Safety

Proposed Timescale: 28/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not all have up-to-date positive behaviour management training in line with the provider's policy.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Two staff have been nominated to complete refresher training in the management of challenging behaviour.

Proposed Timescale: 28/02/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff had not all received up-to-date safeguarding vulnerable adults training in line with the provider's policy.

6. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The staff completed Adult Safeguarding Training refresher course on 19/01/17

Proposed Timescale: Completed

Proposed Timescale: 24/01/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The 2016 annual review of the care and support provided at the centre was not available at the centre at the time of inspection.

7. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The annual review report for the designated centre is completed and available onsite for inspection

Proposed Timescale: Completed 12/01/17

Proposed Timescale: 12/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff had not all received up-to-date training in line with the provider's policies and

procedures.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff will have up to date training as per the providers policies and procedures by 28/02/17

Proposed Timescale: 28/02/2017