

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ardbeg
Centre ID:	OSV-0002352
Centre county:	Dublin 5
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 September 2016 09:30 To: 08 September 2016 18:00

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

Outcome 04: Admissions and Contract for the Provision of Services
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the designated centre. The purpose of this inspection was to monitor ongoing compliance with the regulations.

Description of the service:

The centre is operated by St. Michaels House (SMH) and is situated in North Dublin. It comprises of a seven bedroom semi-detached two storey house located, close to local shops and transport links. The centre provides care to both male and female residents who have an intellectual disability, some of whom have medical needs. Care is provided using the social care model of support, with a focus on promoting independent living skills.

How we gathered evidence:

Over the course of this inspection the inspector met all of the residents. Four residents met formally with the inspector and they spoke about being happy living in the centre. One resident showed the inspector a video presentation they had recorded for their annual review. The inspector observed practices, met with one staff member, reviewed documentation such as: care plans, medical records, risk assessments, policies and procedures and fire records. The person in charge was

present throughout the inspection. The person participating in the management (PPIM) of the centre was interviewed as part of the inspection.

Overall findings:

Overall the inspector found that residents were well cared for in the centre. Residents were very active in the centre and some of them had jobs in the community. Staff were observed to treat residents with dignity and respect and there was a focus on residents being in charge of their own home. All of the residents were involved in caring for their own home, meal preparation and shopping.

The actions under outcome 4 and 18 were followed up from the last inspection. Of the nine outcomes inspected, two were found to be moderately compliant under health and safety and medication management. Six outcomes were found to be substantially compliant with some improvements required in social care needs, healthcare needs, workforce, documentation and contracts of care. The remaining outcome under safeguarding was judged to be compliant. The action plan at the end of this report addresses the improvements required.

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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The inspector found that the actions from the last inspection had been implemented. However, improvements were required so as to ensure that the contracts of care were signed by a representative of the resident where appropriate.

Some contracts of care were viewed and they now included additional charges as actioned at the last inspection. However the contracts were not signed by a representative where appropriate. For example one resident who spoke with the inspector was unclear about the details contained in their contract of care and was not clear about the fees charged.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had a written personal plan, which detailed individual needs and choices. However, some improvements were required to ensure that a review of some goals was completed.

A sample of personal plans were viewed and there was an assessment of need in place. All assessments were currently being updated with a new service assessment that was being implemented in the centre. Two residents went through their care plans with the inspector and one resident showed the inspector a video presentation they had prepared for their annual review. The residents spoke about the details contained in their personal plans. It was evident that the residents were aware of their needs, goals and support plans. For example the residents spoke about health care needs and future appointments they had. They spoke about their goals which included going on holidays, developing relationships, and moving to a more independent setting.

Residents were involved in meaningful activities during the day. Some attended work and others attended day services in line with their own wishes. For example on the day of the inspection some of the residents had chosen to stay at home due to public transport issues. They were observed being involved in cleaning their own house and preparing meals. One resident was having guitar lessons on the morning of the inspection.

Residents were involved in learning new skills. For example one resident was learning about managing their own money. However there was no process in place to review these goals so as to assess their progress and effectiveness for the resident.

Judgment:

Substantially 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:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected. However, improvements were required in fire safety in the centre.

There were policies and procedures in place for risk management and emergency planning. The centre had a health and safety statement. Risk assessments specific to the centre had been formulated. Residents had individual risk management plans where appropriate.

Arrangements were in place for reviewing accidents in the centre. The inspector was shown a copy of a new data report that the person in charge completes prior to their meetings with the service manager. This report records the amount of incidents in the centre and a review of incidents takes place at these meetings. There had been two incidents in the centre since the beginning of the year and appropriate actions had been taken.

There were adequate precautions against the risk of fire in the centre. All staff had up to date training in fire safety. Suitable fire fighting equipment was in place and this had been serviced regularly. There were fire doors in the centre. Monthly fire safety checks were completed by staff and the person in charge completed quarterly health and safety audits in the centre.

Fire drills had taken place in the centre and residents had personal emergency evacuation procedures (PEEP's) in place. However, one PEEP required more detail to include how the resident responds to night time drills and the measures in place to deal with this. In addition the inspector was not assured that residents who remained alone in the centre for short periods would respond appropriately to a fire in the absence of staff in the centre as no fire drills had been completed to assess this.

There was an individual profile completed for each resident relating to incidents where a resident goes missing from the centre.

There was a policy on infection control in the centre. Hand washing facilities were provided. The centre was clean and well maintained.

There was no vehicle available in the centre.

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:

The inspector found that there were measures in place to protect residents being harmed or suffering abuse in the centre.

There was a policy in place on safeguarding vulnerable adults and all staff were trained in this area, however, refresher training had not been provided to include the HSE revised guidelines. However the person in charge was due to attend training in this area in the coming weeks. The staff spoken to was clear about what to do in the event of an allegation of abuse. All residents spoken with said that they would speak to staff or family if they felt unsafe in the centre.

The inspector saw where one safeguarding issue had been followed up on in the centre by the person in charge and risk assessments had been formulated to mitigate future risks to this resident.

There was a policy in place for the provision of behavioural support to residents. One resident's behaviour support plan was viewed by the inspector and was found to contain the necessary details in order to guide practice. Additional allied health professionals had also been employed for one resident to improve coping mechanisms for the resident.

There were no restrictive practices used in the centre.

Staff were observed to treat residents with dignity and respect. Residents did not require staff support around intimate care.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident was supported to achieve best possible health in the centre. However, some improvements were required in health support plans for residents.

A sample of personal plans were viewed and residents had an assessment of need completed and some were being updated. Support plans were in place for a range of identified needs including relationships, emotional wellbeing and weight management. However some identified health needs had no support plans in place.

Residents had timely access to allied health professionals in order to meet residents' needs. One resident spoke at length to the inspector around the supports they had in place around one of their healthcare needs. It was evident that the resident was involved in decisions around their care. However, one resident had no access to a dietician.

Residents were supported to prepare meals in the centre and had the opportunity on different days to prepare dinner for everyone in the centre. On the day of the inspection one resident was preparing an apple cake for everyone. Residents were observed preparing their own breakfasts.

Judgment:
Substantially 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 inspector found that there were policies and procedures for medication management in the centre. However, some improvements were required in medication practices in the centre.

There was a policy on medication management in the centre. However it did not include a procedure on the disposal of unused/discontinued medication in the centre. The inspector spoke to a staff member who discussed the procedure followed in the centre and this was in line with best practice. For example discontinued medication was stored separately, a waste management company called to the centre at intervals during the year to dispose of this medication and a record was maintained of medications that were disposed of in the centre.

The inspector reviewed a sample of prescription sheets, medication administration sheets (MAS's) and medications stored in the medicines cupboard and found some discrepancies. These included:

- No protocol around the administration of two paracetamol based medicines that were

prescribed for one resident.

- Prescribed creams and gels did not have the opening date on the label.
- The indications for the use of one as required (p.r.n.) prescribed gel was not detailed on the prescription sheet.

Only one medication error had occurred in the centre in the last six months and the inspector found that this had occurred while the resident was away from the centre. It had been followed up with the nurse manager on call and the resident's general practitioner. The person in charge also informed the inspector that all medication errors would be reviewed as part of the new data report mentioned under outcome 7 of this report.

One resident was self medicating in the centre and spoke with the inspector about their prescribed medication and how they managed their medication. They were familiar with all medications prescribed and signed the medication administration sheet themselves when they had taken their medication. They also informed the inspector that they checked their medications with staff when it was received from the pharmacy.

Judgment:

Non Compliant - Moderate

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 found that there were management systems in place to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge was present on the day of the inspection. They had been interviewed at an earlier date by HIQA and were found to be suitably qualified and knowledgeable of the regulations. They were also responsible for another designated centre for SMH service. The staff team from this centre were involved in supporting the residents who resided in the other centre.

The inspector found from reviewing the minutes of meetings, the statement of purpose and staff rotas that both of these centres were being run as one designated centre. While this was not found to be impacting on the quality of services provided in the centre, it was impacting on the person in charge's workload. This was discussed at the feedback meeting.

There was a clearly defined management structure in place. The person in charge reported to the service manager who in turn reported to the provider nominee. The person in charge and service manager met every six weeks to discuss the quality of care provided in the centre. A formalised template had been developed by the service manager to guide these meetings. Topics of discussion included complaints, incidents, medication errors and training needs.

There were appropriate arrangements in place for a deputy in the case of the absence of the person in charge. The PPIM for the centre was also present on the day of the inspection. They were found to be suitably qualified and knowledgeable of the regulations.

An unannounced quality and safety review had taken place in the centre; however, there was no annual review for the centre. The service manager informed the inspector at the feedback meeting that they were gathering information/data in order to inform the annual review.

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:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services in the centre.

The staff member spoken with felt supported in their role. Supervision was in place for staff and regular staff meetings were held in the centre.

All staff had completed mandatory training. However they had not received refresher training in safeguarding vulnerable adults in line with the HSE guidelines. This was discussed at the feedback meeting and the inspector was informed that there was a plan in place to address this.

There was a planned and actual rota in place. Nursing supports were available from a nurse manager on call 24 hours a day.

There were no volunteers employed in the centre.

Personnel files were not reviewed as part of this inspection.

Judgment:

Substantially 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):

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

Findings:

The inspector found that the action from the previous inspection had been completed. However, improvements were required in some of the policies required under schedule 5 of the regulations.

At the last inspection it was found that the policy in relation to residents' finances had not been fully implemented in the centre. In response to this the provider had undertaken to ensure that the policy would be reviewed in terms of the maximum amount of money that could be stored in the centre for a resident. The policy was reviewed and no amendments were made to the sum.

In addition at the last inspection a number of policies were not in place in the centre. The inspector found that all of the policies were now in place in the centre, with the exception of the provision of information for resident's policy.

Not all aspects of this outcome were reviewed. However, over the course of the inspection the inspector found that improvements were required in the medication policy for the centre to include the procedures to be followed on the disposal of unused/discontinued medication in the centre. In addition the inspector noted that the procedure in place to guide the disposal of controlled drugs in the centre was not in line with best practice.

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:

Anna Doyle
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:	Ardbeg
Centre ID:	OSV-0002352
Date of Inspection:	08 September 2016
Date of response:	11 October 2016

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Some contracts of care were not signed by a representative where appropriate.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

Where applicable for the residents, their NOK will sign the contracts of care.

Proposed Timescale: 01/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no review process in place for goals to improve independent living skills for residents.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in Charge will implement an annual audit system with residents and keyworkers to review independent living skills. Information from well being review meetings, assessment of needs and current goal planning will be collated to assess and improve independent living skills for all residents. This will be discussed at the next staff team meeting 26/10/16.

Proposed Timescale: 31/12/2016

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 was not assured that residents who remained alone in the centre for short periods would respond appropriately to a fire in the absence of staff in the centre as no fire drills had been completed to assess this.

One residents PEEP required more detail to include how the resident responded to night time drills and the measures in place to deal with this.

3. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Unit Fire Officer will schedule fire evacuation drills for all residents who remain in the centre alone in the next 8 weeks. The completed drills will be assessed by the Person in Charge and St. Michael's House Fire Prevention Officer.

PEEP's will be reviewed by the Person in Charge and the St. Michael's Fire Prevention Officer. Night time fire drills will be discussed at monthly residents meetings attended by the Unit Fire Officer. An appropriate action plan will be implemented to support residents to respond effectively to night time fire drills in the unit. Night time evacuation drills will be reviewed annually to assess progress and identify any further supports necessary for residents.

Proposed Timescale: 30/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One resident had no access to a dietician in the centre.

4. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

A referral has been submitted to the St. Michael's House Dietician. The organisation's nutritional policy will be presented at the next resident's meeting, October 2016.

Proposed Timescale: 11/10/2016

Theme: Health and Development

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

There were no health action plans in place for some identified needs.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Assessment of Needs are now completed for all residents. Support plans have been developed for each resident where a health need has been identified. Plans to include

access to health professionals where applicable.

Proposed Timescale: 11/10/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A number of discrepancies were found in medication management practices in the centre. They included:

No protocol around the administration of two paracetamol based medicines that were prescribed for one resident.

Prescribed creams and gels did not have the opening date on the label.

There indications for use of one as required prescribed gel was not recorded on the prescription sheet

6. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The resident's Medication Administration Sheet has been reviewed and updated by a St. Michael's House physician. Only one paracetamol based medicine is required for pain management.

All topical creams and gels have an opening date recorded on the drug audit recording sheet.

Any gels and creams not prescribed by a GP have been removed from the medication administration sheet and disposed of at the weekly audit of medication.

Proposed Timescale: 05/10/2016

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:

An annual review had not been completed for the centre.

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:

An annual review for the centre to be developed, implemented and completed by the registered provider and centre service manager.

Proposed Timescale: 28/02/2017

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 received refresher training in safeguarding vulnerable adults.

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:

The registered provider in association with the HSE to develop a national safeguarding policy to include online information refresher training in safeguarding vulnerable adults. This will be piloted by the registered provider from 17/11/2016.

The refresher training will be delivered in residential units, lead by social work and training departments and Persons in Charge.

Proposed Timescale: 28/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication policy did not guide practice on the disposal of medications in the centre including the disposal of controlled drugs.

There was no policy on information for residents in the centre.

9. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care

and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The registered provider has introduced an updated Audit and Disposal of Medication Policy. 16/09/2016.

The registered provider in conjunction with residents and staff is developing a policy on information for residents in the centre, to be introduced in January 2017.

Proposed Timescale: 31/01/2017