

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght)
<b>Centre ID:</b>	OSV-0004131
<b>Centre county:</b>	Dublin 6w
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Cheeverstown House Limited
<b>Provider Nominee:</b>	Paula O'Reilly
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

From: 16 September 2016 09:30 To: 16 September 2016 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection:**

This inspection was completed as a result of the provider submitting an application to vary the registration of this proposed designated centre. The designated centre had been inspected previously. The provider applied to add an apartment to this designated centre and therefore, this inspection was focused upon the apartment.

**How we gathered our evidence:**

As part of the inspection, the inspector visited the proposed apartment, met with one proposed resident, and two staff members. The inspector viewed proposed documentation templates such as, care plans, person centred support plans, recording logs, policies and procedures. The proposed resident for this proposed apartment currently resided in another apartment operated by the provider.

**Description of the service:**

This proposed apartment will be operated by Cheeverstown House Residential Services and is based in Tallaght Dublin 24. There were no residents living in the

proposed apartment at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The proposed apartment aimed to provide community residential support to one male adult with intellectual disabilities as outlined in the statement of purpose. The proposed designated centre was an apartment was located in a busy village. There was local access to public transport. The proposed resident informed the inspector "I am looking forward to moving in and painting the seating area outside the back of the apartment".

Overall judgments of our findings:

Twelve outcomes were inspected against. Six outcomes were found to be in full compliance. Four outcomes were found to be substantially compliant, two outcomes were found to be moderately non-compliant. Areas of improvement included the health and safety in relation to the provision of emergency lighting.

Two staff members facilitated the inspection along with the proposed resident.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.

**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):**

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

**Findings:**

The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found the action was achieved within this apartment.

Efforts were made to ensure no personal information about the resident was on display.

The complaints log will contain details of actions taken, outcomes and the satisfaction of the person making a complaint within this apartment. This was an area identified during the previous inspection.

There was a complaints policy and procedure in place, however, it was unclear within the complaints policy who was the nominated person independent of the person nominated to deal with complaints was within the organization. This was to ensure all complaints were appropriately responded to and records were maintained as specified under paragraph 34(3) of the regulations.

**Judgment:**

Substantially Compliant

**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.*

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found some of the actions were achieved within this apartment.</p> <p>The admission policy remained outstanding during this inspection, staff confirmed the policy did not reflect the admission practice.</p> <p>The inspector was provided with a template of the written agreement for the proposed resident once the apartment becomes occupied.</p> <p>The inspector viewed a transition plan in place for the proposed resident. This outlined to the inspector various aspects of the plan. This included purchasing furniture and kitchen appliances for the premises. The proposed resident informed the inspector they had visited the premises for short periods since August 2016 onwards. During this time the proposed resident organised items within the apartment and met with neighbours. This information was also reflected in the resident's transition plan.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><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></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p>

**Findings:**

The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found the actions were achieved.

The inspector found when implemented, the care and support as described by the staff member will be consistently and sufficiently reflect the proposed resident's assessed needs and wishes.

The inspector viewed a sample of the proposed documentation and found it will be comprehensive and if completed, will identify the proposed resident's care needs and proposed plans to address those needs. The proposed resident will be assigned a key worker who will complete the care plan reviews in consultation with the proposed resident to monitor progress against agreed goals.

The inspector found the personal plans will contain important information about the proposed resident's life, likes, dislikes, interests, family members and other people who are important to proposed residents.

The proposed resident and staff members discussed how the proposed resident would be supported in transition between services. This plan was already in operation and evidence of visits and time spent within the proposed designated centre was maintained for the proposed resident.

The inspector determined from discussions with proposed staff members the care and support proposed to be offered in the proposed apartment would be in line with the assessed needs and wishes of proposed resident.

**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 inspector found the proposed apartment will be suitable and safe for the proposed needs of the resident.

The proposed apartment was a two bedroom ground floor apartment, located near to the town centre.

There was an open plan kitchen cum dining room and sitting room this opened out into back garden. There were two bedrooms one for the proposed resident and one for staff members when on sleepovers with shared access to a bathroom. Proposed staff members outlined plans to ensure facilities for items to be securely stored such as, files, money and medications would be installed.

The inspector found the proposed designated centre will meet the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation would be available.

**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):**

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

#### **Findings:**

The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found the actions were achieved.

The inspector found the health and safety of the proposed resident, visitors and staff will be promoted however, improvements were required in the area of emergency provision in the form of emergency lighting.

Proposed staff members discussed plans in relation to routine checks and services of the fire detection, alarm system and equipment being conducted by a fire professional. All proposed staff members had undertaken fire training. There were provisions for weekly checks to be conducted in the proposed apartment. The inspector was shown records for the fire detection, alarm system and fire fighting equipment all of which had been recently inspected. The proposed resident had under taken training in responding to fires and was currently considering undergoing training in the use of emergency equipment within the apartment.

Fire drills will also take place and these will also include when the resident is in the premises by themselves to ensure they are able to evacuate the premise.



The inspector viewed the risk management policies and procedures dated 01 April 2016 and found them to meet the requirements of the regulations. There will be a location risk register in place once the designated centre is opened. As proposed staff members will be working in a lone worker capacity guidelines in relation to this will be devised prior to the proposed resident moving in.

There was a health and safety statement in place.

The inspector viewed the emergency plan and found it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as, flood or power outage.

All proposed staff had attended training in moving and handling and a system was maintained centrally by the organization to identify when refresher courses were due.

From speaking with proposed staff members and viewing documentation the inspector determined there will be a system of oversight in relation to any accidents, incidents and near misses in the proposed apartment.

**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 measures will in place to protect the proposed resident from being harmed or suffering abuse. Improvements were required in relation to the information and the review of behavioural support plans.

There was a policy in place on the prevention, detection and response to abuse revised in March 2015 and proposed staff had received training. The proposed staff members outlined the procedures to be followed should an allegation of abuse arise.

The inspector determined the proposed resident will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector found the proposed resident will be provided with emotional, behavioural and therapeutic support. This will promote a positive approach to behaviours. There were policies in place guiding the management of behaviours that challenge.

The proposed staff member informed the inspector behavioural support plan will be developed for the resident. The inspector was provided with this document. The inspector found the document if completed accurately and implemented would provide consistent evidence based approach to the behavioural areas identified in the plan. However, the current document did not guide staff effectively, as this document was dated 17 June 2013 no other review was present. The interventions identified within the plan in relation to the administration of chemical restraint were not clearly outlined for staff members.

**Judgment:**

Non Compliant - Moderate

**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 the proposed resident's health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners when required.

The inspector determined the proposed resident will have access to a general practitioner (GP).

The inspector found if the proposed practices were implemented, proposed residents' nutritional needs will be met to an acceptable standard.

Care plans will be developed from a health assessment completed with the proposed resident. This will identify healthcare needs assessment will include communication, breathing and circulation, nutrition and hydration, continence and elimination, personal care, meaningful activities and sleep and rest.

The inspector found the proposed resident will be supported to enjoy best possible health while in the proposed apartment.

**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 inspector found the proposed medication management policies and procedures were satisfactory and safe.

The policy provided comprehensive guidance to staff on areas such as, medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors.

The inspector found all proposed staff had undertaken a medication management programme. Safe storage facilities will be provided for medication within the proposed designated centre.

Audits will be undertaken to ensure compliance with the proposed designated centre's policy and to ensure all required documentation is accurately 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):**

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

**Findings:**

The inspector found the statement of purpose did not fully meet the requirement of the regulations as outlined in schedule 1.

The statement of purpose did not accurately describe the facilities provided for example, seven day per week residential care and respite was identified within the document. However, the inspector was informed respite was not available seven days per week.

The inspector found the organizational structure contained inaccurate information.

Appendix 1 of the document required updating.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector found the quality of care and experience provided to the proposed resident will be monitored and developed on an ongoing basis.

Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This will review the safety and quality of care and support provided in the proposed designated centre.

The person in charge and other staff members had responsibility for carrying out regular audits in the designated centre. A schedule of audits will be developed.

The inspector found there was a management structure identified. The proposed apartment is proposed to be managed by a suitably qualified, skilled and experienced

person in charge with authority, accountability and responsibility for the provision of the service. The person in charge was a registered nurse in the division of intellectual disabilities. The person in charge was not present during this inspection, however, this individual was met with on 10 June 2016.

**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:**

The inspector found there will be sufficient staff numbers to meet the assessed needs of the proposed resident.

The inspector was subsequently provided with a proposed rota that was linked to the assessed needs of the proposed resident.

The inspector was informed proposed staff will be supervised by the person in charge through a performance management system.

Records of staff training were maintained. There was evidence that the proposed staff members had attended training in areas such as, fire, people moving and handling, medication management and protection and welfare.

It was not expected that volunteers will be involved within the proposed designated centre. Should that change, the proposed staff member was aware of the requirements of the regulations in this regard.

**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):**

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

**Findings:**

The inspector found a small number of policies required implementation or review as follows:

- the financial policy was awaiting implementation on 17 October 2016
- the visitor's policy and monitoring of nutritional intake was in draft format
- there was no infection control policy within the proposed designated centre.

All other schedule 5 policies were in place.

**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:***

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Cheeverstown House Limited
<b>Centre ID:</b>	OSV-0004131
<b>Date of Inspection:</b>	16 September 2016
<b>Date of response:</b>	24 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The complaints process did not identify a nominated person, other than the person in Regulation 34(2)(a) to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

**1. Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

As per Regulation 34 (3) a person will be named to ensure that complaints are appropriately responded to and records are maintained.

**Proposed Timescale:** 11/11/2016

**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:**

The admission policy did not reflect admission practices nor was the document available within the designated centre.

**2. Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Admission policy is currently under review to be implemented by January 2017. The statement of purpose has been updated to reflect practices in line with regulation 24 (1)(a) and the admissions policy review will take this into account.

**Proposed Timescale:** 31/01/2017

**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:**

Emergency lighting was not installed within the premises.

**3. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting was installed on 13/10/16.

**Proposed Timescale:** 24/10/2016



## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

The indications for the use of chemical restraint were not clearly outlined within the proposed resident's documentations.

**4. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Mental Health Clinic appointment arranged for 16th November to review the individuals needs and update documentation to clearly outline indications for use of medication in line with regulation 07 (4).

**Proposed Timescale:** 16/11/2016

**Theme:** Safe Services

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

The proposed resident's behavioural support plan was not reviewed since 17 June 2013.

**5. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The residents behavioural support plan is currently being reviewed and updated with staff, family and psychologist (commenced on 17th October).

**Proposed Timescale:** 28/10/2016

## Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The information as set out in schedule 1 required updating within the statement of purpose.

**6. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 Statement of purpose is currently being updated.

**Proposed Timescale:** 04/11/2016

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Written policies and procedures as set out in Schedule 5 of the Health Act 2007 were not available to proposed staff within the designated centre.

#### **7. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

All policies and procedures as set out in Schedule 5 of the Health Act 2007 have been compiled in a folder and formatted. These folders will circulate to all designated centres by Tuesday, 1st November.

All policies as set out in Schedule 5 have been made available electronically on an organisation wide shared folder and all staff will be made aware of how to access this folder during a policy information day scheduled to take place in November 2016.

**Proposed Timescale:** 11/11/2016

**Theme:** Use of Information

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

Some of the schedule 5 policies and procedures were not reviewed at intervals not exceeding 3 years. For example some policies were awaiting implementation and other policies were in draft format.

#### **8. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A schedule of reviews for all policies has been set out and implementation plans have been updated and included in the Schedule 5 policy folder where applicable. All policies will be reviewed at intervals not exceeding 3 years.

**Proposed Timescale:** 24/10/2016