

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002687
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary McCann
Support inspector(s):	Geraldine Jolley;
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 29 July 2014 16:30 To: 29 July 2014 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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

This was the first monitoring inspection of this centre. Inspectors met with the Person in Charge, service users and staff and observed practices and reviewed documentation such as personal care plans and records. There was evidence that service users received a good quality service. Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for service users.

Staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users were supported to pursue their hobbies and interests. The centre was specifically designed to meet the needs of elderly dependent service users and was homely and comfortable. Service users were aware of the inspection and welcomed the inspectors into their home.

They outlined how they enjoyed living in the centre and how they spent their days,

commenting positively on the assistance they received from staff. Inspectors found that staffing levels were suitable to meet the needs of the service users. Social care needs and health care needs were met and there was evidence of safe medication management practices.

Areas of non-compliance related to the risk management policy, provision of an up to date photograph on missing persons profiles, medication management, ensuring that the Statement of Purpose complies with current legislation, ensuring all policies were centre specific and were reviewed as required and no greater intervals than three years. These are discussed further in the report and included in the Action Plan at the end of this report.

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):

This was the centre's first inspection by the Authority.

Findings:

An advocacy service was available to service users. Services users told inspectors if they wished to complain they would feel confident that they could approach staff to inform them of their concerns. All service users could communicate freely with the inspectors.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors observed that they were good links maintained with family members. All service users had key family members who they visited or who visited them in the centre.

<p>Judgment: Compliant</p>

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):
This was the centre’s first inspection by the Authority.

Findings:
Each service user had a tenancy agreement. An easy to read version was available.

Judgment:
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspectors found that the care and support currently provided to service users sufficiently reflected their assessed needs and wish. There were two service users in the centre at the time of inspection. The inspectors reviewed both service users’ personal care plans individually and found that the service users care needs were identified and support plans were in place to address these needs. Service users informed the inspectors that they were fully involved in the way they lived their lives and staff helped

them to achieve any goals they identified. Service users explained how there was regular reviews with their key workers. Daily records were also maintained outlining how service users spent their day.

There was a wide range of activities available to the service users both in the centre and in the local community. Transport was available specifically for the centre and staff supported service users to partake in local activities. A weekly plan was drawn up and activities included trips to the shops, out for tea, knitting, visit to the hairdresser weekly and baking. Staff confirmed that this changed depending on the wishes of the service user and the weather.

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):

This was the centre's first inspection by the Authority.

Findings:

The house is a six bed roomed bungalow. One of the bedrooms is designated as a staff sleep over bedroom. There is one shared en suite and the other three bedrooms share the main bathroom. There is an open plan kitchen/diner and living room. Additional communal space is provided in a conservatory and a lobby area on entry. Four residents is the maximum number accommodated. Currently there are three service users' accommodated.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that for the most part the health and safety of service users, visitors and staff was promoted. An up to date health and safety statement was in place. Individual risk assessments were in place for each service user. The house was clean and clutter free and provided a safe environment for service users. Inspectors found that adequate fire precautions had been put in place. There were regular fire drills and service users could tell inspectors what they would do in the event of a fire. All staff had received training in fire safety and inspectors saw that fire equipment was serviced regularly.

A business continuity plan was available which provided sufficient guidance for staff in the procedure to follow in the event of possible emergencies. Alternative safe accommodation for service users was available should evacuation be required. All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

The risk management policy required review as it did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors found that unexpected absence of a service user and accidental injury were covered in separate policies. However accidental injury to visitors or staff, aggression and violence and the inclusion of measures and actions in place to control to self harm. While service users had missing person profiles up to date photographic identification was not attached to these.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

Measures to protect service users being harmed or suffering abuse were in place. Staff had received training in the protection of vulnerable adults. The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The policy did not include the name and contact details of the designated contact person. Staff members interviewed confirmed that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

There were policy guidelines on "responding to challenging behaviour". Staff informed the inspectors that there was good access to psychiatry of later life and specialist behaviour support services. Inspectors saw that service users had positive behaviour support plans in place and staff had received training on these plans from specialist staff.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that service users' health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that all service users were healthy at the time of inspection. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Services to include physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available via referral to the HSE. An in-house behaviour therapist and psychologist were available.

Staff support service users to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place.

Inspectors were satisfied that service users' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Service users cooked their meals with the assistance of staff. Service users told the inspectors that they regularly went out for tea and often enjoyed Sunday lunch in local restaurants as part of a social outing. Snacks and drinks were freely available.

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):

This was the centre's first inspection by the Authority.

Findings:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users, however this was not centre specific and did not include information re local procedures, for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

One resident was administered medication at the time of inspection, which was available via blister pack. The staff member displayed a working knowledge of the rationale for the requirement of the medication. One of the inspectors reviewed the prescription record and medication administration record and found that there was no maximum dose prescribed for as required (PRN) medications.

Inspectors observed that medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoken with knew what process they had to follow if they made an error. The staff member stated that she was not aware of any medication errors to date. The service user spoken with was happy to take her medication and felt that it "made her feel better".

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

The areas requiring review are outlined below and include,

- The arrangements made for dealing with reviews and development of a resident's personal plan
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person. Staff

spoken with told inspectors that the Person in Charge (PIC) was a good leader, approachable and supported them in their role. Inspectors found that the PIC was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users.

The PIC was employed full-time as the Community Support Services Manager to manage the four houses which comprise the designated centre and the day service. He generally worked 08:45 hrs to 17:00 and occasionally visited the residential houses. He knew the majority of the service users as he seen them on a daily basis at the day service. The PIC had worked within the centre for a considerable period of time and is a qualified nurse in the field of disability (RNID). He was supported in his role by three part-time team leaders which he met with every three weeks. He meets the entire residential staff team every 5-6 weeks. He reports directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation. Records confirmed that he was committed to his own professional development.

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):

This was the centre's first inspection by the Authority.

Findings:

Staff members on duty were pleasant and welcomed the inspectors. Inspectors observed that the staff member knew service users well and there was a relaxed and comfortable environment in the home. She described how she would try to ensure that all service users' views were heard and would help them to achieve their goals and wishes. Staff and service users were complimentary of the PIC and confirmed that they seen him regularly. The inspectors noted adequate staffing levels to meet the needs of service users at the time of inspection. There was normally one staff member on duty in the evening that slept overnight in the home and one staff on duty at the weekends. An additional 24.5 hours of day care staffing was provided in the house each week. This facilitated service users to attend the day centre on a part-time basis and have a lie in some mornings according to their choice. One resident told the inspectors that she rarely attended the day service and preferred to stay the house with staff or go out with

her family or friends to activities or social outings in the community. A staffing roster showing staff on duty was available, however hours allocated by the PIC to this centre were not reflected in the roster.

Inspectors observed the staff member addressing the service users respectfully and chatting with the service users. One resident was knitting a blanket and the other one was chatting with the staff member. Service users told the inspectors that they did not have to wait an excessive time for assistance with personal care or to access a staff member on any occasion.

Inspectors found, through talking with staff, that in the absence of the PIC, an on-call arrangement was in place 24/7 and inspectors found that staff had ready access to the contact details. There was a designated on-call number so regardless of who was on call staff contacted the designated number.

The inspectors reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspectors reviewed three staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

All the polices required by the regulations were available. Many of the policies contained very detailed information which was informative to guide staff, however, most policies were not centre specific and did not detail staff in the procedures to adapt at their centre.

While policies were comprehensive they did not have an easy reference or simple guide to assist staff in the event of untoward situation or crisis to enable them to access swiftly a clear understanding of the procedure contained within the policies. Examples of the aforementioned include the medication management policy and the risk management policy.

Judgment:
Non Compliant - Minor

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:

Mary McCann
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 RehabCare
Centre ID:	OSV-0002687
Date of Inspection:	29 July 2014
Date of response:	2 October 2014

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy required review as it did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events.

Action Required:

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

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A revised local safety statement will be put in place. This includes details of how local risk management areas of identification, recording, investigation of risk and details of how learning from incidents is reviewed and used to enhance risk management. A copy will be inserted into the risk management framework policy.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy required review as it did not meet the requirements of the regulations. Areas that required review included the inclusion of accidental injury to visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Local risk assessments will be completed to cover injury and, aggression violence and self harm to visitors residents and staff.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy required review as it did not meet the requirements of the regulations. Areas that required review included the inclusion of measures and actions in place to control self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Local risk assessments will be completed detailing management of self harm to visitors residents and staff by 31/10/2014.

Proposed Timescale: 31/10/2014

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:

The medication management policy was not centre specific and did not include information re local procedures for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

There was no maximum dose prescribed for as required (PRN) medication.

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:

A local centre-specific medication policy will be devised detailing arrangements for the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Proposed Timescale: 31/10/2014

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:

Aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

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:

A revised statement of purpose will be submitted for review.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Hours allocated by the PIC to this centre were not reflected in the roster.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The local roster will include the hours worked by the PIC

Proposed Timescale: 31/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies were not centre-specific and did not detail staff in the procedures to adapt at their centre.

Policies did not have an easy reference or simple guide to assist staff in the event of untoward situation or crisis to enable them to access swiftly a clear understanding of the procedure contained within the policies.

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:

Revised local policy and easy read process flow charts will be put in place to cover critical policy area of medication, adult protection health and safety management and complaints

Proposed Timescale: 31/10/2014

