

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ashtree Respite House
Centre ID:	OSV-0004863
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 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: 14 March 2017 09:15 To: 14 March 2017 16:45

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 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 was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with the one resident availing of the service at the time, and with three staff members and the person in charge. The resident told the inspector that she liked having respite breaks in the centre and felt safe there. She also said that staff looked after her well, that she enjoyed her leisure time and had plenty of involvement in the local community, and that she enjoyed her meals in the centre.

Description of the service:

The centre comprised of a house in a rural town, and was within easy reach of shops, restaurants, banks and all other amenities. The centre provided a planned,

recurrent respite service for up to four adults, and also had capacity for one emergency admission if required. The service was provided to male and female adults with an intellectual or physical disability.

Overall judgment of findings:

Of the eleven outcomes inspected on this inspection, eight were in compliance with the regulations and two were substantially compliant. One outcome was moderately non-compliant and there were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day, and were also supported by staff to integrate in the local community. Residents' healthcare needs were well met and there were measures in place to safeguard residents from any form of abuse. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, improvement to fire safety and evacuation was required.

Minor improvement was required to the statement of purpose and medication administration guidance. The centre was well maintained, comfortable and suitably furnished and met the needs of residents using the service. Since the last inspection, issues identified in the inspection report had been suitably addressed.

The provider had a clear governance system for the management of the centre, and auditing was being undertaken to review and improve the quality and safety of the service.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

No actions were required from the previous inspection.

Findings:

The person in charge confirmed that agreements for the provision of services had been made with all residents. The inspector viewed some agreements and found that they were informative, outlined the service provided and the fees to be charged, and had been agreed with residents or their representatives.

There was a policy to guide the admission process. The person in charge was aware of the importance of suitable assessment prior to admission and ensured that placements were allocated with regard to compatibility of residents.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' social wellbeing was being supported and that residents had opportunities to pursue activities appropriate to their individual preferences. As this was a respite service, there were no residents who resided permanently in the centre. Activities, therefore, were mainly undertaken at day services and while at home with families, but were also supported while residents were availing of respite in the centre.

Each resident had a personal plan which had been developed in the day services that residents attended. The plans contained personal information about the residents' backgrounds, including details of family members and issues of importance in their lives. The achievement of social and leisure activities was primarily supported by day service staff and by residents' families, as these were the people who were consistently involved in residents' lives. However, copies of these plans were also supplied to the designated centre, and staff here used them to guide care and to support residents to attend leisure events of their preferences. For example, one resident had a weekly commitment to attend sport training for a Special Olympics event, and during respite stays, staff would arrange for the resident to go there.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. These meetings were organised by the day service staff, but were also attended by the person in charge and some staff from the designated centre. Plans set out each resident's individual needs and some identified life goals that they wished to achieve while in the centre. These included outings, mini-breaks and, for one resident, to host an art exhibition and these had been achieved.

There were a range of activities taking place in day services and residents' involvement was supported by day service staff. These included art, cookery, walking, cycling, outings to places of interest, going to discos, and training for a 5K walk. The resident using the designated centre at the time of inspection said that she was involved in activities of her choice when she returned in the evening from day service. For example, the residents did activities such as, personal shopping, taking walks with staff and helping out in the kitchen. She was also involved in the local tennis club and in the local 'Fit Town' project.

The day service and the respite centre worked together to increase integration of residents in the local community, such as performance of a nativity play for the community, and participation in a 'walkability' survey in the town.

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):

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

Findings:

The design and layout of the centre generally suited the needs of residents. The centre was well-maintained both internally and externally, and was clean, warm, suitably furnished and comfortable.

During the last inspection, the inspectors had identified some issues relating to accessibility and these had been addressed. Since the last inspection, a shower had been replaced with a more accessible model, a path had been extended to ensure that all parts of the garden could be accessed freely by all residents, including wheelchair users, and some ground floor doors had been widened to improve accessibility for residents using assistive equipment.

Communal space in the centre consisted of a well equipped kitchen, an adjoining dining room, and a sitting room. All bedrooms were for single occupancy and were comfortably furnished. Residents had adequate personal storage space in their bedrooms and could lock their bedroom doors if they chose to. One bedroom had accessible toilet and shower facilities and there were sufficient additional bathrooms available. As residents stayed in the centre for short stays of usually two nights, they did not keep their belongings in the house, but brought in whatever clothing and personal belongings they required for the duration of each stay.

Communal and private accommodation in the centre was adequate at the time of inspection, and the inspector found that the occupancy rates of the centre were adjusted from visit to visit to ensure that the needs of residents were best met. For example some residents preferred sole occupancy of the house and this was arranged.

There were laundry facilities, where residents could do their own laundry, with support from staff if required.

There were suitable arrangements for the disposal of general waste, by contract with a private company. There was no clinical waste generated in the centre.

There was a secure garden to the rear of the house. Residents had carried out some planting and had decorated the walls of the garden with colourful murals.

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 found good systems in place to protect the health and safety of residents, visitors and staff. However, some improvement was required to the servicing of some equipment, and to the assessment of the containment of fire.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks, including the specific risks required by the regulations. In addition to environmental risks, risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire extinguishers and fire alarms. Staff carried out a range of safety checks in the centre, such as monthly checks of emergency lighting. However, there was insufficient verification available to confirm that the central heating boiler had been serviced by an appropriately qualified person.

The provider had introduced measures for the containment of fire. However, some bedroom doors did not appear to be fitted with smoke seals and some were not self-closing. The provider was requested to carry out a risk assessment to establish if these arrangements presented a potential risk to residents.

All staff had received formal fire safety training. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident.

Frequent fire evacuation drills involving residents and staff had taken place in 2016, several of which were undertaken while residents were sleeping. Records of fire drills were maintained, which indicated that all drills, including night evacuations, had been completed in a timely manner. Fire evacuation drills were planned to ensure that each resident attended at least one fire drill annually and residents' participation was recorded. A resident who spoke with the inspector was clear on what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

The centre was maintained in a clean and hygienic condition and there were hand sanitising units for residents, staff and visitors to use.

All staff had received up-to-date training in moving and handling.

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:

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy, and training was scheduled to ensure that each staff member had attended safeguarding training. The person in charge had received training in adult protection and was knowledgeable regarding her responsibilities in this area. To date no allegations or suspicions of abuse had occurred in the centre.

There was a photograph of the designated officer, with contact details, clearly displayed to inform residents and others. The inspector met with a resident who spoke of feeling safe when staying in the centre and in the company of staff.

There was also a policy on responding to behaviours that challenge to guide staff. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers and ongoing support strategies. The inspector observed staff interacting with a resident in a respectful and friendly manner.

There were no residents using bed rails or chemical of restraint as a form of behaviour management.

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 residents' healthcare needs were well met and they had access to healthcare services if required during their respite stays.

Due to the short and intermittent nature of residents' stays in this centre, healthcare referrals were generally arranged and managed at home by residents and their families. However, if any appointment was due during a respite stay, the person in charge confirmed that residents would be supported to attend.

Each resident had a personal plan which outlined the services and supports required to achieve a good quality of healthcare. These plans were developed by residents' key workers in day services, in conjunction with information supplied by families and were supplied to staff in the designated centre for their guidance. The plans viewed contained information around residents' healthcare needs, assessments, medical histories and healthcare supports required from staff.

Due to the short duration and intermittent nature of residents' respite stays, weight monitoring was not undertaken in the centre but in the day service. However, any identified dietary requirements were recorded in residents' plans to ensure continuity of care. Residents were supported and encouraged by staff to eat healthy balanced diets, participate in meal planning, shopping and food preparation and to participate in exercise during their respite breaks.

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 that medication management practices were safe.

Residents' brought their own supply of medication to the centre at the start of each respite stay and took it home with them when they were leaving. This medication was counted and recorded by staff on both the residents' arrival and departure. For the duration of the stay this medication was securely stored in the centre in a locked cabinet. The centre did not have any involvement in the receipt of residents' medication from the pharmacy as this was managed from home.

There was good practice around medication management and administration. All medication on administration and prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of residents to verify their identity if required and staff had signed administration sheets to verify that medication had been administered.

There was a medication policy available to guide staff. All staff had attended training in safe administration of medication.

None of the residents currently using the service were involved in self-administration of their medication. The person in charge explained that the administration practices that were in place when residents were at home, were continued when residents were availing of respite stays in the service.

At the time of inspection, there were no residents who were using medication requiring strict controls, or whose medication required refrigerated storage.

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose that described the service provided in the centre and met most of the requirements of the regulations. However, some required information was not included. For example, the statement of purpose did not state the

arrangements for reviews of residents' personal plans, the details of any specific therapeutic techniques provided in the centre or the arrangements for their supervision.

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 provider had established a suitable management structure to ensure delivery of suitable care and support to residents.

There were systems for monitoring the quality and safety of care. Unannounced six monthly reviews of the service had been carried out on behalf of the provider, as required by the regulations. Copies of these reports, which included an action plan of required improvements, had been supplied to the person in charge for her attention. The inspector read the most recent audit and found that it had indicated a high level of compliance. Most of the actions identified in this report had been addressed, while one was in progress.

An annual report on the quality and safety of care in the designated centre had also been prepared. Feedback from residents and their families had been included in this report. The report was presented in a user-friendly format that was accessible to residents and included clear, colourful pictures to represent some of the achievements of the year.

The person in charge was well-supported by the organisational structure. She told the inspector that she worked closely with her line manager, who was contactable as required.

The person in charge was knowledgeable about the requirements of the regulations, and had a good overview of the health and support needs of residents. She was clear about her role and responsibilities and knew the management and reporting structure in the organisation. The person in charge had responsibility for the overall management of

the service and for overseeing the quality of care delivered to residents. She was assisted in her role by a social care leader, who was based in the centre, and was responsible for the day to day running of the service.

The management team had developed a range of policies to guide practice, had carried out risk analysis of the service and had organised a schedule of relevant training for staff and residents.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, and staff had received training appropriate to their roles.

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge. Staffing levels were adjusted to meet the needs of residents using the service at specific times. There was a planned roster prepared and this was being updated, as required, to reflect the actual roster.

Staff accompanied residents when they wanted to do things in the local community such as going shopping or for meals, and when attending social and sporting activities. Separate staff supported residents in day services.

The inspector observed staff interacting with a resident in a respectful and friendly manner. The resident was clearly comfortable in the company of staff and told the inspector that staff cared for and supported her very well, and that she enjoyed her stays in the centre.

The person in charge stated, and training records showed, that staff had received training in fire safety, safeguarding and manual handling. In addition, staff had received other training relevant to their roles, such as training in safe administration of

medication management, behaviour support, epilepsy care, diabetes information and record keeping.

Staff recruitment files were not kept in the centre, and were not reviewed at this inspection. No issues in relation to staff recruitment had been identified at last inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in full at this inspection. Samples of documents were reviewed during the inspection, which, overall, were found to be satisfactory. Some improvement, however, was required to documentation of medication administration guidance for staff.

During the course of the inspection, documents such as staff training records, health and safety records, and healthcare documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably filed.

Some improvement was required to the recording of medication administration guidance for staff. The inspector reviewed a sample of prescription and administration charts and found that they were generally well documented and contained the information required to enable staff to safely administer medications. However, while the dosage rates and routes of administration were being recorded in most entries, there was one instance where this information was not present to guide staff. This increased the risk of medication errors.

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:

Jackie Warren
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004863
Date of Inspection:	14 March 2017
Date of response:	10 April 2017

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no verification available to confirm that the central heating boiler had been serviced by a suitably qualified person.

1. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for

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

maintaining of all fire equipment, means of escape, building fabric and building services.

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

Certification of Company and Technician Registration details with OFTEC received from individual who is responsible for boiler serving. This documentation is now held on the Health and Safety folder in Ashtree House.

Proposed Timescale: 10/04/2017

Theme: Effective Services

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

Some bedroom doors did not appear to be fitted with smoke seals and some were not self-closing. The provider was requested to carry out a risk assessment to establish if these arrangements presented a potential risk to residents.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Smoke seals have been fitted to all downstairs fire doors. A risk assessment has been carried out and the building is in compliance with current statutory requirements. A copy of the inspection certification of the building by a suitably qualified person is attached to this action plan together with clarification from the Facilities Manager confirming no structural changes to the building since the issue of this inspection certificate

Proposed Timescale: 09/04/2017

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 statement of purpose did not include some of the information required by the regulations.

3. 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 has been amended to include arrangements for reviews of service user's personal plans and arrangements for therapeutic inputs.

Proposed Timescale: 08/04/2017

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 information in some prescription and administration charts was not recorded in sufficient detail to guide staff to safely administer medications.

4. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

An audit of all IMARS was completed. Additional detail has been added where required. The medication management plan for one individual was also updated to clarify medication administration details.

Proposed Timescale: 07/04/2017