

**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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004815
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Norma Bagge
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 17 November 2015 11:00 To: 17 November 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 second inspection of the centre carried out by the Health Information and Quality Authority. The first was in May 2015 when it was registered as a new centre, catering for four residents, The provider made an application for the centre to vary its conditions of registration and increase the number of people it could accommodate from four to eight. This inspection was announced and took place over one day.

The centre is part of the services provided in a community setting by the Brothers of Charity, Limerick; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre was recently registered as one house catering for four residents. The provider acquired two new apartments, both of which had been redecorated and an application was made to include these two new apartments as part of the already registered centre. The centre, once registered with this variation, will be able to accommodate eight residents. All residents will be over the age of 18. All houses are close to each other.

The inspector found the new apartments to be suitably decorated and the already

registered house to be in good repair. Suitable staffing was in place and planning had taken place as to the appropriateness of the centre for the residents already living there and for those who were to move there. Such planning had input from the multi disciplinary team.

A full 18 outcome inspection was carried out in May 2015 when the centre was first registered. The three issues identified on the May inspection were followed up with on this inspection, along with another eight outcomes. Progress had been made in addressing the issues from the previous inspection, which were to do with a) documentation and clarity around complaints, b) supervision of staff, c) governance and management. These issues were not having a negative impact on residents at the time of this inspection. However, these matters had not been fully resolved. These are discussed in the report under Outcome 1 (privacy and dignity) and Outcome 14 (governance and management). There were some minor premises repairs required which are discussed under Outcome 6. All other outcomes inspected were in compliance with regulations.

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:

Residents and their relatives were consulted with, and participated in decisions about residents' move to this new centre. Residents had chosen their own rooms and were free to personalise them. Residents moving into the apartments were to be consulted with about their curtain choice, soft furnishing and other personal effects.

An advocacy service was available for residents. This gave residents access to information about their rights. A policy was also available in relation to the advocacy service. However, it had not been reviewed since 2011. Each resident's privacy and dignity was considered in the manner in which the house was laid out. Each resident had their own bedroom and there was easy access to bathrooms and toilets. However, two bathrooms did not have locks on the doors and this compromised privacy.

Moving into the new apartment was expected to increase residents choice. For example, one resident would have increased choice as to when to visit his family as they lived in the locality.

There was an openness and welcoming of complaints and complaints which had been received resulted in improvements to services. For example, a complaint about a resident capacity for understanding brought about improvement in the manner in which the resident was communicated with. The complaints policy was under review and the new policy was awaiting to be finalised. The provider was addressing previous deficits noted around documenting whether or not the complainant was satisfied, clarifying who the nominated person to deal with the complaints was and clarifying the appeals process.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Each resident's health, personal and social care and support needs were assessed before admission. This was particularly evident from the pre planning documentation which was available and which the inspector saw with regards to a resident who is planning to move into one of the new apartments. Assessments were carried out as required to reflect changes in residents' needs and circumstances, and at a minimum once a year. Each resident (or their representative) was actively involved in an assessment to identify their individual needs and choices. Assessment had multidisciplinary input. Residents has a written personal plan, which detailed his or her individual needs and choices and was divided into three sections; my life, my world, my dreams. The plan was made available to the resident in an accessible format. Plans were implemented and had improved outcomes for residents. For example, one resident with hearing difficulties had improved communication with his family.

Residents were supported when moving between services as evidenced from minutes of multi disciplinary meetings. Planned supports were in place when residents transferred between services including having continuity in staff and day service provision, in so far as possible. Residents were consulted when moving within the service and documentation was seen to support this. Where appropriate, training in the life-skills required for the new living arrangement was provided to residents such as managing public transport.

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 that the size and layout of the premises was in line with the statement of purpose. All three units were single storey and newly refurbished. They were homely, suitably decorated and clean. They had spacious bathrooms and shower rooms. There were designed to suit the needs of residents. For example, one shower room had features in place to assist a partially sighted person to independently use the toilet. The kitchen was domestic in character and again had features to it to assist the partially sighted.

Each resident had their own bedroom and were free to decorate these rooms to their personal tastes. There was adequate storage, dining and communal space. All three houses had access to a secure garden at the rear.

In one of the new apartments the water pump attached to the toilet regularly made a loud noise and could cause a disturbance to the occupants, particularly at night. The bathroom in the second apartment needed to have the tiling around the wash hand basin completed and the electrical fitting overhead the mirror fixed. The window blind in one window was broken.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Policies and procedures relating to health and safety were available for inspection. They

were current. Well written easy to read versions of these policies were also available . However, they had not been reviewed since 2011. This is actioned under Outcome 18. Awareness around the control of infection was good. There was adequate hand washing and drying facilities.

The risk management policy covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. Reasonable measures are in place to prevent accidents.

The arrangements in place for responding to emergencies was well set out and seen by the inspector. The person in charge was familiar with it. Suitable fire equipment was provided. There were adequate means of escape, including emergency lighting; and unobstructed fire exits. There was a procedure for the safe evacuation of residents and staff in the event of fire. It was readily available in the hallway and displayed on the wall of each house. The mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at different times of the days and evacuation times were recorded at one minute five seconds.

The person in charge maintained a copy of staff training. This indicated, staff working in the centre, had received training in the moving and handling of residents and in fire training.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were available to assist residents and staff in

finding a satisfactory way of working with such challenges. Such plans detailed the emotional, behavioural and therapeutic interventions to be put in place to assist in achieving a good outcome. The person in charge had extensive experience in the area of managing behaviours that challenge.

Psychological support, while limited, was available if necessary, to assist with specific positive behaviour plans. In discussions with staff it was evident that all units within this centre would be a restraint free environment. The manner in which the houses were designed supported this.

Policies had been updated in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff moving to work in the centre had specific training and experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Records were seen to confirm this training

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 saw that a system was in place for staff to carry out a comprehensive holistic assessment in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. Staff with whom the inspector spoke with were well informed as to the needs and requirements of each resident who was to move to the centre. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The dietician and speech and language therapist were available if needed, to lend support and guidance in the planning of good nutritional care for residents. There was ease of access to the general practitioner (GP), psychiatrist, dentist and optician.

Breakfast and evening meal were prepared and cooked daily in the residents' home. Residents would either take a packed lunch to their day service or purchase lunch at the day service.

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:

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. Processes were in place for the safe handling of medicines and there were appropriate procedures for the handling and disposal for unused and out of date medicines.

Locked cupboards were available to store medicines. A new medication dispensing system was due to commence. Staff received training in medication management.

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:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The

statement of purpose contained all of the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review was available to the residents and their relatives. The inspector found that the statement of purpose reflected the ethos of providing a comfortable and safe environment

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. The person in charge was knowledgeable regarding the requirements of the regulations and standards, and had clear knowledge about the support needs of each resident who was living in the house. She was aware of the needs of residents who were planning on moving to the new apartments. The person in charge was committed to her own personal development through regular attendance at inhouse courses including specific training around the management of behaviours that challenge.

The person in charge was assigned "on call" duties as part of her roster which meant she assisted in other centres if the need arose. The person in charge had not encountered difficulties with the "on call" system since she took up her post as person in charge two months ago. However, the on call system had the potential to interfere with the person in charge's capacity to attend to the needs of her own centre. Since the last inspection, changes had been made to staffing contracts to help alleviate the impact of the "on call" system on the person in charge. The person in charge and the area manager both reported these changes were helpful in addressing the previous problems identified with regards to the "on call" system. The result has been a decrease in the likelihood of the person in charge "on call" being called upon to provide front line service in other centres. However, this issue needed ongoing monitoring to access its true

impact.

Staff reported to the inspector that they received good support from the person in charge and the area manager. The work schedule of the person in charge resulted in the person in charge working opposite shifts to some staff members for whom she was responsible to supervise. This meant the person in charge was only available on a limited basis, to supervise some staff. Gaps in this staff supervision structure were generally attended to by the area manager who worked Monday to Friday. This shift rostering pattern and the "on call" system fragmented the person in charge's capacity to adequately supervise all staff. Issues with regards to these governance arrangements were identified on the previous inspection and the inspector was informed this matter was being examined. It was clear some progress had been made in addressing the matter. However, further examination of the governance and management arrangements were needed.

The provider had established a management structure which included the support of an area manager, head of community services, quality manager and director of services. The person in charge met with the area manager on a regular basis. The area manager in turn met with the head of community services. The area manager provided deputising cover when the person in charge was on leave.

A system was in place for the provider nominee or her delegate to visit the centre unannounced approximately every six months. The purpose of this was to carry out audits and provide feedback to the person in charge as to the quality of the service provided to residents. A copy of this detailed six monthly audit was made available to the inspector.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector was satisfied that the proposed staffing level was appropriate. A plan was

in place for regular staff, known to the residents, to transfer with the residents to the new apartments. These staff had suitable skills and qualifications to meet the assessed needs of the residents. Once occupied, the plan was for residents to return from day services around 16:30 hours and partake in evening activities as appropriate to their needs. Residents left for the day service at approximately 09:30 hours, each day from Monday to Friday. Between the hours of 16:30 and 09:30 one staff member would be on duty. This was the same as the routine in the house already registered to this centre.

Staff were supported in their role by the person in charge but as discussed in Outcome 14 the roster arrangements were such that the person in charge was compromised in her position to support and supervise all staff. The area manager had a role in staff supervision within the centre. However, there were no formal arrangements for staff appraisals

Staff had up-to-date training in moving and handling; fire detection and prevention of abuse and non-crisis intervention. Staff updates in these areas were scheduled for the coming weeks. Staff files were maintained in a central administrative location and were examined by the inspector on a previous occasion. The files were found to be in compliance with the regulations.

Regular staff meetings were routine in the centre and this practice was to continue once residents moved into the new apartments. Minutes of meetings were maintained. Staff with whom the inspector spoke, were aware of the regulations and standards and were also familiar with the centre-specific policies in place in the centre. Copies of regulations, standards and policies were available in the centre.

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:

Some policies were seen to have not been reviewed within a three year interval. In particular this applied to the easy to read versions of the policies. This matter is discussed throughout the report under the appropriate outcomes.

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:

Margaret O'Regan
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-0004815
Date of Inspection:	17 November 2015
Date of response:	27 November 2015

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:

Two bathroom doors did not have locks. This compromised residents' privacy and dignity in the area of intimate and personal care.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Locks were installed on bathroom doors as identified by the inspector immediately after the inspection.

Proposed Timescale: 27/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A few minor matters need to be attended to in order to ensure the premises were kept in a good state of repair internally. For example, in one of the new apartment the water pump attached to the toilet regularly made a loud noise and could cause a disturbance to the occupants, particularly at night. The bathroom in the second apartment needed to have the tiling around the wash hand basin completed and the electrical fitting overhead the mirror fixed. The window blind in one window was broken.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- PIC has documented faults on internal organisational form
- The premises has been inspected and a snag list including tiling, light fitting and pump noise has been sent to maintenance for repair by contractor.
- Window blind has been repaired.
- PIC will continue to document and report any maintenance issues with the premises

Proposed Timescale: 31/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The inspector requests detail which will satisfy the chief inspector that the person in charge can effectively be involved in the governance, operational management and administration of the three units within this centre, given that the person in charge has "on call" duties, overnight shifts in one of the houses, works opposite shifts to some staff and is office based in a location away from the centre.

3. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

- An office has been identified in the designated centre for the PIC to operate from.
- Overnight shifts will remain part of the PIC role. The location of frontline hours will be reviewed to give consideration to PIC having frontline shift in each area within the designated centre.
- Support for the PIC will continue to be provided by the Area Manager and Head of Community Services.
- Provider Nominee will meet with PIC group on a bimonthly basis.
- System of on call is indicating a significantly reduced level of on call interventions required for the PIC to address.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

There were inadequate arrangements in place for the person in charge to effectively support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

4. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Support and Supervision is being reviewed at Senior Management Team level in the context of:-

- Culture of the organisation
- Understanding structures within the Services that are effective. The learning from understanding these structures can be shared across the organisation.
- Recognising underlying management issues in the area of supervision and identifying the training that is required to support managers in addressing these underlying issues as part of the management role.

From this review a process of formal supervision will be introduced across the organisation.

Proposed Timescale: 31/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies had not been reviewed within a three year interval.

5. 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:

- All policies in Schedule 5 are current.
- Additional organisational policies will be reviewed in 2016.
- Easy read policies are updated in conjunction with main policies.

Proposed Timescale: 31/12/2015