

# eDeposit Ireland

## A designated centre for people with disabilities operated by St Michael's House, Co. Dublin

Item Type	report
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Citation	Sheila McKevitt, 'A designated centre for people with disabilities operated by St Michael's House, Co. Dublin', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-08
Publisher	Health Information and Quality Authority
Download date	2026-05-13 22:40:05
Link to Item	<a href="https://hdl.handle.net/20.500.14765/70912">https://hdl.handle.net/20.500.14765/70912</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002392
<b>Centre county:</b>	Co. Dublin
<b>Email address:</b>	karen.harrold@smh.ie
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	Maureen Hefferon
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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 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 1 day(s).

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

From: 14 July 2014 10:30 To: 14 July 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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

**Summary of findings from this inspection**

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to six residents. During the inspection the inspector met with some of the residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records. Residents spoken with stated they liked living in the centre. The care and welfare of residents was maintained in a safe and secure environment. Ten outcomes were inspected against and non compliances were identified in seven outcomes.

The inspector found that the governance and management structures in place with the acting person in charge was satisfactory. The staffing levels met the social care needs of residents' and the environment was safe and secure.

Improvements were required in documents such as the statement of purpose, contracts of care, complaints policy, comprehensive assessments, personal plans, restraint and fire records. A review of medication policies and practices was required.

The action plans at the end of the report reflect the non compliances with regulations and standards.

**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 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

**Findings:**

Residents' rights and dignity were respected. Residents' were consulted with about the running of their home and their care. Staff had informal meetings with residents to discuss meal planning, shopping lists, individual and group activities, staff support and transport required and any planned visitors. One resident spoken with told the inspector that she helped choose the colours for her bedroom which she liked.

There was a complaints policy in place which was in a written and pictorial format accessible to residents. It was displayed on a notice board in the kitchen together with information about advocacy services available. The inspector was informed there were no complaints. The policy in place required review to ensure it met the requirements of regulation 34. For example, the policy did not clearly state the name of the nominated person to investigate all complaints, who the appeals person was or the nominated person responsible for overseeing the complaints process.

Residents could receive visitors to their home and there was a small private room available to them to use if they wished.

Residents retained autonomy over their own life where it was deemed safe for them to do so. The inspector met four residents' and saw they were enabled to take risks within their day to day lives; they were not impeded from participating in anything they choice to do that had not been identified as a risk to them. For example, one resident had been enabled to independently manage her own medications and was now self administering.

**Judgment:**

Non Compliant - Minor

**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

**Findings:**

Residents had contracts in place. However, further details about the services provided and fees to be charged were required.

The contracts included details about some of the support, care and welfare and services the resident would be expected to receive. However, the information included was not detailed enough and did not reflect all the care and services provided. For example, the centre provided transport to residents' and was staffed 24 hours per day, seven days per week with at least one staff member. These services and supports were not mentioned in the contract.

The contract was signed by the resident's key worker and the person in charge. The resident or their representative/next of kin had not signed the contract. The fee to be charged on the contract of care was per month. However, the person in charge confirmed to the inspector that residents were paying their rent on a weekly not monthly basis.

**Judgment:**

Non Compliant - Moderate

**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

**Findings:**

There were assessments and personal plans in place for the six residents. However, some sections of these documents were incomplete and other sections lacked specific detail required.

The person in charge informed the inspector that documents to record residents' comprehensive assessments' and personal plans had been introduced in the centre four days prior to this inspection. Staff had completed these documents' to the best of their ability in the absence of training. Each residents' key worker had completed the documents in consultation with the resident. The inspector reviewed two resident files and found that some sections of the comprehensive assessment was incomplete and other sections did not reflect the actual needs of the resident. For example, on one residents' comprehensive assessment the medical history section was blank another lacked detail around the residents' oral hygiene needs.

Personal plans were in place for all six residents. Each resident had up to three goals set. However, the personal plans reviewed did not include details of how or who was responsible to complete actions to ensure the resident goals were met within the time frame set.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Findings:**

The health and safety of residents, visitors and staff was promoted and protected. The risk management policy in place met the legislative requirements. The person in charge completed risk assessments on a monthly and annual basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on average every two months by the person in charge and the service manager. There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event all potential emergencies.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. However, records of emergency lighting annual checks did not outline work completed or whether the emergency lighting was left in working order. All staff had completed fire training in June 2013 and refresher training was scheduled for all staff within a week of this inspection. Both staff spoken with had a good, clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

**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

**Findings:**

Residents' were safe and secure in their home. They had access to an enclosed side and rear garden. All the exit/entry doors could be secured by locking and the house was alarmed. The front door required a key code to open, this was in place as one resident was identified of being at risk of opening the front door to strangers.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. Staff had scheduled days for refresher training within the next two weeks. Communication between residents and staff was respectful.

Two residents who at times displayed behaviours that may be challenging had detailed, up-to-date wellbeing assessments and behavioural support plans in place.

There were two residents' who required a form of restrictive practice. One who had two bed rails in place when in bed did not have a risk assessment in place, outlining the reasons why the restraint was in use and what alternatives had been trialled, tested and failed prior to this form of restraint being used. There was evidence however, that the restraints were used for as minimum a time as possible.

**Judgment:**

Non Compliant - Minor

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Findings:**

The health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies when required. For example, one resident had recently been reviewed by his GP and attended a chiroprapist. Records were on file to reflect these reviews, some records however, were written by social care staff who did not always make their identity evident.

Residents' spoken with told the inspector they had a choice of food and they liked the food served. Staff did most of the cooking of meals. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Snacks were available and staff all had food hygiene training in place from mid 2011.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices although improved were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made. Controlled medications were not in used in this centre.

All care staff had up-to-date refresher Safe Administration of Medication (SAM) training booked for a date in early September 2014.

Resident medication prescription charts were reviewed and the findings were as follows:

- the residents GP name was not identified on the chart
- each medication was not individually prescribed by either the medial officer (MO) or

the residents GP

The inspector saw that each of the residents had their prescribed medications reviewed by the MO in the week prior to the inspection.

**Judgment:**

Non Compliant - Major

**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

**Findings:**

There was a written statement of purpose available. It accurately reflected all the services and facilities provided in the centre. However, it did require further review to ensure it contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. For example, the local organisational structure was not included, it included staff names and referred to residents living in the house.

The person in charge had explained the document to residents and provided them with a user friendly outline of the document within the residents guide.

**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

**Findings:**

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

and accountability. The centre was being managed by a suitably qualified newly appointed acting social care leader with authority, accountability and responsibility for the provision of the service. He was employed full time in the centre as a social care worker and was currently filling in for the named Person in Charge (PIC) who was on a period of leave. The inspector observed that he was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, he had maintained clear, concise and accurate records in relation to all staff training completed to date. Residents knew him well.

During the inspection he demonstrated a good knowledge of the legislation and of his statutory responsibilities. He was supported in his role within the centre by a team social care workers. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). He had regular scheduled minuted meetings with the service manager.

The inspector saw evidence from reviewing the staff roster that he was given an adequate number of management days per staff roster to ensure he could manage the centre effectively.

**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

**Findings:**

Staff numbers and skill mix were adequate to meet residents' needs.

The staff roster showed there was at least one member of staff in the centre 24 hours per day as stated in the statement of purpose. There was one volunteer who took a resident out twice per week. The person in charge stated that this person had their roles and responsibilities outlined to them and had Garda vetting in place.

Social care workers were supervised by the social care leader also the person in charge. Staff informed the inspector and training records reviewed confirmed that staff had up-to-date mandatory training in place. Staff files reviewed contained all the required documents as outlined in schedule 2.

**Judgment:**

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:***

Sheila McKeivitt  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002392
<b>Date of Inspection:</b>	14 July 2014
<b>Date of response:</b>	05 August 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The appeals process was not clearly outlined in the complaints policy.

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The PIC will ensure complainants are informed promptly of the outcome of their complaint. This is effective immediately.

A record of the conversation with the complainant will be dated and will be available for review by if required.

The Complaints Policy will be updated by the Registered Provider to ensure it is clear

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

for residents how to appeal a decision. A copy of the updated policy will be available for review.

**Proposed Timescale:** 30/09/2014

**Theme:** Individualised Supports and Care

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

The policy did not clearly state who was the person nominated to deal with complaints.

**Action Required:**

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The Registered Provider will update the Complaints Policy to ensure it includes information about the person nominated to deal with complaints. A copy of the updated Policy will be available for review.

**Proposed Timescale:** 30/09/2014

**Theme:** Individualised Supports and Care

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

The policy did not identify a person to oversee the complaints process.

**Action Required:**

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

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

The Registered Provider will update the Complaints Policy to ensure it includes information about a nominated person to oversee the complaints process and to ensure that all complaints are appropriately responded to and a record of complaints are maintained. A copy of the updated policy will be available for review.

**Proposed Timescale:** 30/09/2014

#### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The resident or their representative had not agreed the contract of care.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The PIC will ensure that residents and/or their representatives or next of kin sign Contracts of Care.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

The contracts in place did not include details of all the services provided or accurate details about the fees charged.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Contract of Care has been revised by the PIC to meet Regulations including transport, staffing, weekly charges and waste disposal.

**Proposed Timescale:** 30/07/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The comprehensive assessment did not reflect all the residents needs.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC will ensure that key-workers are given time and clinical support to complete the Comprehensive Assessment of Need

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

Personal plans did not reflect changes in circumstances and new developments to date to reflect actions taken to date to assist the resident achieve his or her goal.

**Action Required:**

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

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

The PIC will ensure that key-workers record changes in circumstances and developments and reflect actions taken to support each resident to achieve their goals.

**Proposed Timescale:** 30/11/2014

### **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 details of annual emergency lighting tests were not outlined in the records available.

**Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The PIC has informed the Manager of the Maintenance Dept of the requirements in the Regulations for details of work completed by personnel servicing emergency lighting and fire equipment to be held in the designated centre. The Manager of the Maintenance Dept is amending the relevant worksheets and is in the process of changing current practices in relation to work completed.

**Proposed Timescale:** 31/12/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Risk assessment were not completed prior to a restrictive device been used and there

were no records of alternatives trialled prior to the use of bed rails been used.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Occupational Therapist has reviewed the usage of the bedrails for one resident and has advised they are no longer necessary. This restriction has been removed. The PIC will review the situation annually or sooner if the resident's needs change.

**Proposed Timescale:** 21/07/2014

**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:**

Medication prescriptions were not completed in accordance with best practice for the following reasons:

- the residents GP was not identified on the prescription chart.
- prescribed medications were not individually signed.

**Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Registered Provider will review the Safe Administration of Medication Policy to ensure it includes the residents GP on the prescription chart.

The Registered Provider will review the practice of individual medications being signed electronically by doctors. The practice will be updated to meet the Regulations.

The new policy will be available for review by inspectors.

**Proposed Timescale:** 30/09/2014

**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:**

The centres organisational structure as outlined in schedule 1 was not included in the statement of purpose.

**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 PIC has amended the Statement of Purpose to reflect the requirements set out in Schedule 1 of the Health Act 2007 and has included the local management structure.

**Proposed Timescale:** 04/08/2014