<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011570</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Clare</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:louiseskerritt@clare.brothersofcharity.ie">louiseskerritt@clare.brothersofcharity.ie</a></td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Clare</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamon Loughrey</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Louise Skerritt</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Finbarr Colfer;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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: 04 February 2014 10:00  
To: 04 February 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This monitoring inspection was the first inspection of this centre carried out by the Authority. It was announced and took place over one day. As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff files.

Overall, inspectors found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests and hobbies.

The centre was warm, comfortable, appropriately furnished and well maintained.

Staff and residents knew each other well, and residents were observed to be relaxed and comfortable in the company of staff.

Areas of non-compliance related to risk management, medication management and staffing files, which are discussed further in the report and included in the Action Plan at the end of this report.
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

**Judgement:**
Compliant

**Findings:**
The inspectors found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in individualised personal care plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspectors reviewed a sample of personal plans. They were based on the individual support needs of the resident and there was evidence of regular review and participation of residents in the development of their plans. Each resident had an accessible version in a folder that they kept in their bedrooms, some used pictures, words and photographs to depict the information in the residents’ folders.

The personal plans contained important information about the residents’ backgrounds, including details of family members and other people who were important in their lives. They also contained information about residents’ interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols and individual protocols to facilitate activities such as day trips, using public transport and eating out. The personal care plans were found to be person centred and individualised.

The personal plans contained guidance to staff on supporting residents in such areas as behavioural issues. Some residents had personal plans around their dietary requirements and also some specific medical issues. Staff were able to tell inspectors about the interventions and inspectors saw staff implementing the personal plans with residents.
### Outcome 07: Health and Safety and Risk Management

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

#### Theme:
Effective Services

#### Judgement:
Non Compliant - Moderate

#### Findings:
The inspectors noted that improvements were required in relation to some aspects of risk management.

There was a health and safety statement available. The inspectors reviewed the risk policy and risk register and found that they had been regularly reviewed and updated. Risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence and self-harm were not included.

The inspectors reviewed the emergency plan dated 2005. Staff told the inspectors that there was a more up-to-date plan but they could not locate it at the time of inspection. The emergency plan did not set out the roles and responsibilities of staff in the event of varying types of emergencies. Staff told the inspectors that arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated, but this was not documented.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2013 and that the fire alarm was serviced in June 2013. Systems were in place for regular testing of the fire alarm and these checks were being recorded. Staff told the inspector that daily checks on the means of escape were carried out but these were not documented. Fire safety training had taken place and included evacuation procedures and use of fire equipment. However, staff had not received formal refresher training on a regular basis. Some recently recruited staff had not yet had formal fire safety training. The person in charge told inspectors that this training was planned but not yet scheduled. She informed the inspectors that all new staff received induction training which included in-house fire safety training, but induction training records were not maintained. Staff spoken with were knowledgeable and confident in knowing what to do in the event of fire. A personal emergency and evacuation plan had been documented for each resident and staff were knowledgeable regarding the individual plans. The procedures to be followed in the event of fire were not displayed in a prominent place.

The inspectors found the building to be maintained in a clean condition throughout. While inspectors did not observe any poor infection control practices during the inspection there was no written infection control policy/procedures to guide practice in the centre.
<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **Theme:** |
| Safe Services |

| **Judgement:** |
| Compliant |

| **Findings:** |
| The inspectors found that measures were in place to protect residents from being harmed or abused. |

The inspectors reviewed the policy on welfare and protection of vulnerable adults, which had been reviewed in March 2011. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the contact details of the designated contact person. Staff spoken with confirmed that they had received training in relation to the protection and safety of vulnerable adults and were knowledgeable regarding their responsibilities in this area.

Inspectors reviewed the comprehensive policy on responding to adults and children who display behaviour that challenges. The policy outlined clear guidance and directions to staff as to how they should respond to emergency situations, assess residents and plan for ongoing issues. The policy included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspectors noted that some restrictive practices were in place such as locking of bathroom doors and wardrobes, but clear rationales regarding these practices were documented in residents’ personal plans. Restrictive procedures were reviewed regularly by a multidisciplinary team to ensure that least restrictive options were in use.

Residents spoken with told inspectors that they felt safe in the centre. The inspectors observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect residents from any risk during the delivery of intimate care.
**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Judgement:**  
Compliant

**Findings:**  
The inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files, and recommendations were reflected in residents' personal plans.

The inspectors were satisfied that residents' nutritional needs were well monitored. Residents who required specialised diets were catered for. Advice was sought from the dietician as required and residents were weighed regularly. Residents spoken with told inspectors that they were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Fresh fruit was readily available. Residents had access to fluids and snacks throughout the day.

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Judgement:**  
Non Compliant - Moderate

**Findings:**  
Inspectors noted that while medication management practices were generally safe some improvements were required in relation to prescribing of medications and providing evidence of regular medication reviews.
There was a comprehensive medication policy in place which guided practice. Staff spoken with were knowledgeable regarding medication management policies and practices.

Robust systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors that may occur and staff were familiar with them. All staff had attended medication management training which included a clinical competency assessment.

Medication management audits were completed annually, with the last audit taking place in April 2013. Staff confirmed that results of the audits were discussed with them to ensure learning and improvement to practice. The inspector noted that all issues raised at the last audit had been addressed.

Some medications had not been individually prescribed by a GP and some discontinued medications were not signed and dated by a GP. While staff informed inspectors that residents’ medications were regularly reviewed, there was no documented system in place to support this.

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

Judgement:
Compliant

Findings:
Inspectors were satisfied that the person in charge had the appropriate experience for the role. She worked full-time and was on call out of hours and at weekends. A senior supervisor who works in the day-care services locally deputised in the absence of the person in charge. The person in charge is also the coordinator of services which includes day supports, shared living supports and supports for people living on their own in the North Clare area. She is working in her current role for the past eight and half years. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre three/four times a week. Inspectors observed that she was well known to staff and residents.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

There was no formal annual review of the quality and safety of care in the centre. However, some audits had been completed including an annual audit of residents’ files, medication management and a recent finance audit. The results of the recent finance audit had not yet been made available at the time of the inspection.

### 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

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspectors noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one staff member on duty at night-time, there was an additional support staff member on duty in the evenings up to 9.30pm. Two residents had one-to-one staff support during the daytime and another resident who attended day services had one-to-one staff support when not attending the day services. Staffing arrangements were flexible in order to meet the needs of residents.

The inspectors reviewed a number of staff files and noted that improvements were required in the recruitment processes. All of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not provided including absence of photographic identity, references and gaps in employment history.
Inspectors noted that while there was a Garda Síochána vetting system in place for volunteers who attended the centre, their roles and responsibilities were not set out in a written agreement.

The person in charge advised inspectors that social care staff normally worked at night-time but that on occasion experienced support staff worked at night time. There was no formal process in place to ensure that support staff had the necessary competencies to be the sole staff member responsible, particularly at night-time.

The management team were committed to providing ongoing training to staff. Annual performance reviews were completed with staff which included identifying areas for training and development. A broad range of training had recently been provided and there was a training plan in place for 2014 which included health and safety and risk assessment, protection and safety of vulnerable adults, epilepsy awareness, manual handling and people moving, and medication management. Staff stated that they were offered ongoing training but there were no records of attendance at training or training certificates maintained.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Mary Costelloe
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Clare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011570</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>4 February 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 February 2014</td>
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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 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 measures and actions in place to control an unexpected absence of a resident were not included in the risk management policy.

Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
1. Draft an Organisational Risk Management and Emergency Planning Policy to include an unexplained absence of a resident.
2. Update the local Risk Register to reflect the measures and actions in place to control the unexplained absence of a resident.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
3. Draft local procedures for staff to follow in the event of an unexplained absence of a resident.

**Proposed Timescale:** 30/04/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Measures relating to managing accidental injury to residents, visitors and staff were not included in the risk management policy.

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

**Please state the actions you have taken or are planning to take:**  
1. Draft an Organisational Risk Management and Emergency Planning Policy to include accidental injury.
2. Update the local Risk Register to reflect the measures and actions in place to control accidental injury to residents, visitors or staff.
3. Draft local procedures for staff to follow in the event of accidental injury to residents, visitors or staff.

**Proposed Timescale:** 30/04/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The measures and actions in place to control the specified risk of aggression and violence were not included in the risk management policy.

**Action Required:**  
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**  
1. Draft an Organisational Risk Management and Emergency Planning Policy to include incidents of aggression and violence.
2. Update the local Risk Register to reflect the measures and actions in place to manage incidents of aggression and violence.
3. Draft local procedures for staff to follow in the event of an incident of aggression and violence.

**Proposed Timescale:** 30/04/2014
<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The measures and actions in place to control the specified risk of self-harm were not included in the risk management policy.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>1. Draft an Organisational Risk Management and Emergency Planning Policy to include incidents of Self Harm.</td>
</tr>
<tr>
<td>2. Update the local Risk Register to reflect the measures and actions in place to manage incidents of self harm.</td>
</tr>
<tr>
<td>3. Draft local procedures for staff to follow in the event of an incident of self harm.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/04/2014</td>
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</table>

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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The emergency plan did not set out the roles and responsibilities of staff in the event of varying types of emergencies including evacuation of the centre.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>1. Draft an organisational Risk Management and Emergency Planning Policy to include evacuation plans.</td>
</tr>
<tr>
<td>2. Update the local Risk Register to reflect the measures and actions in place to manage evacuations.</td>
</tr>
<tr>
<td>3. Draft local procedures for staff to follow in the event of an evacuation.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/04/2014</td>
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</tbody>
</table>

<table>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There were no written infection control policy/procedures to guide practice in the centre.</td>
</tr>
</tbody>
</table>
**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
1. Draft an organisational infection control policy/procedures to guide local practice.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff had not received formal fire safety training on a regular basis. Some recently recruited staff had not yet had formal fire safety training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
1. All new staff to attend scheduled fire safety training.
2. Fire Safety Refresher training will be provided locally for all existing staff.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedures to be followed in the event of fire were not displayed in a prominent place.

**Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Procedures to be followed in the event of fire will be displayed in the hall way.

**Proposed Timescale:** 24/02/2014
### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider had not ensured sufficient information on the prescription from a GP to ensure the safe administration of medication. Some medications were not individually prescribed by a GP and some discontinued medications were not signed and dated by a GP. There was no system in place to record evidence of regular medication reviews.

**Action Required:**
Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

**Please state the actions you have taken or are planning to take:**
1. GP will be contacted regarding the procedure for the recording and discontinuing of prescriptions on the Kardex.
2. GP contacted regarding the documentary evidence in relation to medication reviews.

**Proposed Timescale:** 05/02/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff files did not include all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
1. Staff received notification of outstanding documents required for completion of their HR file.

**Proposed Timescale:** 31/03/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no formal process in place to ensure that support staff had the necessary competencies to be the sole staff member responsible for the service, particularly at night-time.
**Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
1. Provide documentary evidence of the local induction and practices in place prior to a staff member taking sole responsibility of the designated centre.

**Proposed Timescale:** 24/02/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The roles and responsibilities of volunteers were not set out in a written agreement.

**Action Required:**
Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

**Please state the actions you have taken or are planning to take:**
1. Finalise, Circulate and Implement the draft Brothers of Charity Clare Volunteer Policy.
2. Complete the Roles and Responsibilities Template for each individual volunteer.

**Proposed Timescale:** 30/04/2014