

**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 St Michael's House
Centre ID:	ORG-0008507
Centre county:	Dublin 5
Email address:	Martin.Richards@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Person in charge:	Martin Richards
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
09 April 2014 13:30	09 April 2014 16:30
09 April 2014 17:30	09 April 2014 21:00

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

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). Eight outcomes were inspected against and the centre was found to be in compliance with four of the eight outcomes. The inspector found the management team had made some efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre has the capacity to facilitate six residents at any one time. The Person in Charge and staff also provide six hours of care support to two residents living independently in a house situated close-by. The inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, fire records and policies.

Overall the inspector found there were no immediate risks to residents. Residents' appeared to be well cared for. All six maintained varying degrees of an independent lifestyle. Staff appeared kind and caring. They promoted and encouraged residents to be independent and assisted them in every way possible to achieve their personal goals and lead a meaningful life.

The inspector found that improvements were required in four of the eight outcomes inspected against. Improvements were required in areas such as the statement of purpose, emergency plan and the risk management policy. Medication practices

required review and the provision of Safe Administration Medication (SAM) refresher training. The inspector noted that emergency lighting was not serviced in a timely manner and records, such as medical and allied health care professional records were not available for each resident.

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 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:
This outcome was found to be compliant with regulations and standards. The inspector reviewed three resident files and found that each resident had a comprehensive assessment completed. There was evidence that the resident, their family and a key worker was actively involved in this assessment. The assessment reflected the residents interests and preferences and outlined how staff could assist the resident to maximise their individuals opportunities to participate in meaningful activities. This assessment was reviewed annually.

Each resident had a corresponding outcome based personal plan. Those reviewed had between 1 and 4 personal outcome based goals set for 2014. For example, one resident's goal was to buy a bike and start cycling. When spoken with the resident informed the inspector that a bicycle had been purchased, stored in the garden shed and the resident had recently started cycling around the neighbourhood. Another resident wanted to fly for the first time and told staff that he had flown in April 2014 for the first time; he and his friends had gone on holiday under the guidance of staff and had an enjoyable time.

The staff within the centre promoted residents independence. They had assisted residents' in finding employment. A number spoken with confirmed to the inspector they

had part time jobs which they enjoyed as they had fun at work and they got paid.

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 - Major

Findings:

This outcome was not fully compliant as some legislative requirements were not in place. However, the inspector found risks were well managed in the centre. There was a risk management policy in place, but it did not include the measures and actions in place to control the following specified risks :(i) the unexpected absence of any resident or (iv) self-harm,

There was no health and safety statement specific to the centre. A health and safety audit was conducted every three months by the clinical nurse managers who had completed training in risk management. Risk assessments were completed and reviewed annually by the person in charge and the health and safety officer, potential risks and control measures were identified.

Fire fighting equipment and the fire alarm had been serviced within the past year. However, the fire alarm records reviewed showed only a 50% service of the system was carried out on an annual basis. Record reviewed showed that the emergency lighting was last checked in November 2012. However, the inspector observed that all emergency lighting was in working order prior to leaving the centre. Staff and residents spoken with knew the procedure to follow in the event of a fire, they had practised fire drills and records reviewed showed they had up-to-date fire training in place.

The emergency plan in place was not detailed enough to guide staff on the procedure to follow in the event of all possible emergencies.

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

Judgement:

Compliant

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedure in place for, the prevention, detection and response to abuse which staff were trained on. Records reviewed staff had up-to-date training in place and those spoken with had a clear understanding of the policy to be followed. There had been no notifications of abuse in this centre to date.

Residents' were independent with their hygiene needs; therefore intimate care plans were not required. The inspector was informed that none of the six residents' displayed any form of challenging behaviour and there were no forms of restraints used within the centre. Residents' came and went to and from the centre independently assessing the doors with their own front door key. They all had access to a key to secure their individual bedrooms.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

The inspector was unable to determine whether residents' health care needs were being met as residents medical and inter disciplinary team records were not available for review in the centre. The inspector was informed that these were held in an office off site. The nursing care needs of residents' living in the centre were being met. Residents living in the centre required 24 hour care and a waking member of staff remained in the centre over night and whenever residents were home. One resident remained in the centre throughout the inspection and was provided with 1:1 care. This was appropriate to meet the resident's needs.

The food was prepared, cooked and served by the residents'. Residents' told the inspector that they did their own shopping in the local supermarket with the assistance of staff, if they required transport. They selected their own choice of food with a little guidance from staff. They planned their meals at the beginning of the week and took turns to prepare, cook and serve the evening meal to their house mates. The inspector saw food prepared for the evening meal which appeared to be nutritious and varied. Residents sat together at the dining room table to eat their tea, it was a social event within the house.

Residents had independent access to the kitchen. They could access snacks, hot and cold drinks as and when they wanted. They were extremely hospitable to visitors to their home.

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 - Major

Findings:

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

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 a 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.

Residents were asked and assessed by staff to determine if they would like to administer their own medications. One resident had chosen to self administer, a self administration training programme had been developed by staff for this resident and he informed the inspector he had self administered his own medication the night previous to the inspection.

The prescribing of medications was not in line with best practice and therefore social care workers could not administer medications in line with the Safe Administration Medication (SAM) guidelines. For example, the SAM guidelines stated to check the frequency however, the prescriptions did not reflect a frequency.

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

- the residents General Practitioner (GP) name was not identified on the chart
- the name of the centre was not always identified on the chart
- the signature of the medication prescriber a Medical Officer (MO) was not original, it was a faxed signature
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on the

charts

- each medication that was required to be crushed in order to be administered was not prescribed as crushed.
- there was no maximum dose prescribed for as needed (PRN) medications.

The policy indicated that Social Care Workers had Safe Administration Medication (SAM) training in place and were covered to administer PRN medications only. However, on review of staff files and training records the inspector found that most staff completed this training between the years 2000 and 2005 and had not completed any refresher training.

In addition, there were no records available to show that all residents' medications were reviewed on a regular, consistent basis by their GP.

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

Judgement:

Non Compliant - Moderate

Findings:

There was a written statement of purpose available. However, it did not accurately reflect all the services and facilities provided in the centre and it did not contain some of 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, it did not reflect information regarding the following:

- 2.(a) the specific care and support needs that the designated centre is intended to meet;
 - (b) the facilities which are to be provided by the registered provider to meet those care and support needs;
 - (c) the services which are to be provided by the registered provider to meet those care and support needs; and
 - (d) criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
3. The number, age range and gender of the residents for whom it is intended that accommodation should be provided
 5. Any separate facilities for day care
 7. The organisational structure of the designated centre
 8. The arrangements made for dealing with reviews and development of a resident's personal plan

9. Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision
11. The arrangements for residents to engage in social activities, hobbies and leisure interests
12. The arrangements for residents to access education, training and employment.

Its content was known by staff and a copy was available to them. However, it was not available in a format that was accessible to residents and a copy had not been made available to residents' representatives.

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:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Social Care Worker (SCW) with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed full-time to manage the centre and a second centre located a short distance away. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents' having worked with most of them for a number of years. Residents appeared to know him well, informing the inspector that he was "the boss".

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development. He was supported in his role by a team of social care workers who worked between the two centres. He reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the service manager. The nominated person on behalf of the provider attended the centre occasionally.

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 staff numbers and skill mix were suitable to meet the assessed needs of residents and the safe delivery of services at the time of inspection. Residents received continuity of care as permanent staff covered vacant shifts, agency staff were not employed in the centre. The planned staff roster was reviewed and reflected this. There were no volunteers working in the centre.

Staff working in the centre all knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities.

Staff confirmed and records showed staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place. Those spoken with were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Two staff files were reviewed, one contained all the documents outlined in schedule 2 and one did not include photographic identity of the staff member.

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	ORG-0008507
Date of Inspection:	9 April 2014
Date of response:	20 May 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 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 procedure outlined to guide staff on how to respond to emergencies was not detailed enough to guide staff.

Action Required:

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.

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

The Person in Charge will develop an Emergency Response Plan to be followed in the event of flooding, power outage, loss of water and/or heating in consultation with Health and Safety Officer and St. Michael's House Technical Services Department.

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

This plan will be agreed with staff, service users and their families.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the specified risk of the unexpected absence of any resident.

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:

A procedure to address the unexpected absence of a resident has been developed in the unit in consultation with staff (staff meeting 25/06/2014) and residents. Measures include an emergency response system to Nurse Manager on Call and the Local Garda Station. All residents carry mobile phones and emergency detail cards. The procedure for responding to emergencies will be discussed at the next residents meeting...29/06/2014.

The procedure for responding to an unexplained absence can be found in the Local Health and Safety Statement to be introduced to the unit 14/07/2014. The statement will include risk assessments and procedures to support staff and residents responding to emergencies. The statement will be reviewed annually by the person in charge and will be an agenda item at future staff team meetings.

Proposed Timescale: 14/07/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self harm.

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:

Residents in the unit will be assessed by the person in charge and clinical support sought to identify and control any risk of self harm. There will be an immediate comprehensive assessment carried out by the person in charge in consultation with the

appropriate clinicians supporting the unit in response to any evidence of self harm.

Risk assessment completed by person in charge, discussed with all members of staff at team meeting 25/06/2014.

Proposed Timescale: 25/06/2014

Theme: Effective Services

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

There was no health and safety statement on display in the centre.

Action Required:

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.

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

The Person in Charge will develop local Health and Safety Statement and systems of assessment, management and review, in consultation with Health and Safety Officer and Technical Services Department.

Proposed Timescale: 14/07/2014

Theme: Effective Services

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

Records showed the emergency lighting had not been tested by professionals in over one year.

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 Person in Charge has requested all records of emergency lighting tests carried out to be forwarded to the unit from St. Michael's House.

Records will now be held in the unit, enabling the person in charge to audit and monitor future testing to comply with the regulatory requirement.

All emergency lighting tests now available and in date. Emergency lighting serviced January 2014.

Proposed Timescale: 30/06/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

This could not be determined as resident medical and allied health care records were not kept in the centre.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Updated Service User recording system to be fully implemented within the unit which will include records of medical and other allied healthcare appointments. These detail healthcare appointments attended by the Service User throughout the year.

Proposed Timescale: 01/06/2014

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.

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 Person in Charge has been advised by the Director of Psychiatry and the Head of the Medical Department that they are developing an organisational prescribing policy. The organisation's Medication Administration Group will develop a policy for residents being referred to hospital/external providers. This will assist with their medication reconciliation

Proposed Timescale: 30/08/2014

Theme: Health and Development

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

Medication administration was not in line with the centres Safe Administration Medication (SAM) guidelines as medication prescriptions were not completed accurately.

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 policies referred to above will support the accurate administration of medication. The person in charge will implement these policies and request the relevant training for all staff to ensure that medication is administered as prescribed.

Proposed Timescale: 30/09/2014

Theme: Health and Development

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

Staff were not in receipt of refresher training in the Safe Administration of Medications and the guidelines in place were not reflective of practices.

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 Person in Charge has submitted a request for refresher training in the Safe Administration of Medications and training will be carried out at the next staff meeting scheduled 19/08/2014. All staff to attend, dates confirmed with Training Department 27/06/2014.

Proposed Timescale: 19/08/2014

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 statement of purpose did not reflect the services, facilities and all the requirements outlined in schedule 1.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose to be updated by the Person in Charge, it will reflect the information currently not available in the findings of the monitoring inspection carried out on 09 April 2014.

Proposed Timescale: 30/06/2014

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose was not available to residents and their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

A copy of the reviewed and completed Statement of Purpose will be made available to Service Users and their families.

An accessible service users guide which has been developed by the Speech and Language Department with service users and will be adapted locally by the residents and Person in Charge the centre and made available on completion. Copies will be available to families/advocates.

Proposed Timescale: 30/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence of the person's identity, including a recent photograph was not available in one staff members file.

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:

The Person in Charge in consultation with the Human Resources Department has audited staff files. Any documents missing were requested by the person in charge and forwarded to the Human Resources Department. The person in charge met with a Human Resources Officer 20/06/2014 and is satisfied that all necessary documentation is now included in staff HR files

Proposed Timescale: 20/06/2014