

**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-0008508
Centre county:	Dublin 5
Email address:	Zoe.brownlee@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Person in charge:	Zoe Brownlee
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 April 2014 10:00 To: 14 April 2014 18:00

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. The centre was in compliance with two 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.

As part of the inspection, the inspector visited the centre and met with residents and staff. The inspector observed practices and reviewed documentation such as policies, fire, training and medication records.

Overall the inspector found there were no immediate risks to residents. Residents' appeared well cared for and extremely happy within the environment. Staff appeared kind and caring. They facilitated and enabled residents to live a fulfilling lifestyle while instilling confidence and encouraging them to maintain a maximum level of independence.

The inspector found that improvements were required in six of the eight outcomes inspected against. Improvements were required in areas such as the statement of purpose, emergency plan, the risk management policy and maintenance of vehicles in use. The provision of staff training, medication management practices required review. The inspector found records, such as pre-admission/comprehensive assessments, personal plans, medical and allied health care professional 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:

Non Compliant - Major

Findings:

There were no assessments or personal plans available for any of the six residents. The inspector was informed that the residents assessments completed pre-admission were held in a local St Michaels House office. These assessments were not reviewed on an annual basis. However, although no records were available it was evident that residents social care needs were being met. The person in charge explained that the house was established 16 years ago, four of the six current residents moved in at that time and she started working in the centre together with some of the other staff. They knew the residents and their families extremely well.

Staff facilitated the residents to do what they chose to do. Residents' individual preferences, likes/dislikes, interests and capabilities were known in detail by all the staff spoken with. The residents spoke with the inspector at length. They described how they lived their lives and the inspector was left in no doubt that their preferences, likes and dislikes, facilities, interests and capabilities were taken into account.

The centre reflected a busy home. All six residents' were independently mobile and all attended day care facilities up to five days per week. Two residents travelled independently, one resident could not vocalize but could communicate with others using facial expressions and hand gestures. One resident was in paid, part-time employment.

Staff & residents had gone to Florida for holidays for a number of years. Staff arranged at least one holiday each year for residents to a destination of the residents choice.

Three residents had been abroad in April, facilitated by staff. Staff facilitated the residents to lead an active lifestyle. Some of the residents stated they had attended a rock concert in a city centre venue at the weekend which they loved. Another male resident went hunting at the weekends; residents attended evening classes, visited their families, attended music concerts and dined out.

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 there were no risks 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 a general St Michaels House health and safety statement, none specific to the centre. However, a health and safety audit was conducted every three months by the person in charge and a full review every two years by a health and safety representative. Risk assessments were completed and reviewed annually by the person in charge. No risks were identified on the last assessment completed in December 2013.

Records reviewed showed fire fighting equipment, the fire alarm and emergency lighting had been serviced within the past year. Staff and residents spoken with knew the procedure to follow in the event of a fire; they practised fire drills on a regular basis. Records reviewed showed it took 40 seconds for all staff and residents to evacuate the house during the last fire drill. Residents showed the inspector where the assembly point was and records reviewed showed staff had up-to-date fire training in place.

There was no emergency plan in place to guide staff on the procedure to follow in the event of all possible emergencies. Staff had access to a list of contact telephone numbers only.

The inspector observed that the bus used to transport residents displayed an out of date certificate of road worthiness. (CRVT). The CRVT disc displayed stated that the CRVT was completed on 29 October 2013. However, it expired on 9 February 2014.

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 restraint used within the centre. Residents' came and went to and from the centre independently some assessing the doors with their own front door key.

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 - Major

Findings:

The inspector could not determine if the health care needs of each resident was being fully met as none of the six residents' medical or inter-disciplinary team records were held in the centre. The inspector read the daily report written on each resident by the social care worker and from these the inspector noted that residents' were facilitated to attend appointments.

Residents described how they choose their meals. They had a meeting facilitated by staff at the beginning of the week where a plan for the week was drafted. Residents

choose their preferred meals and the shopping list was written. Staff ensured they did not forget the healthy options within the food pyramid. Residents went to the supermarket with staff to do the shopping. However, staff prepared the meals for residents. Snacks including fresh fruit were available for residents at all times. None of the residents had any special dietary needs.

Training records reviewed showed and staff spoken with confirmed that some had not completed refresher food hygiene training in over 10 years.

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 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 centres policies and best practice. 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 two staff. An audit of each resident's medications was completed on a weekly basis by two staff, any discrepancies were identified and reported to the service managers by completion of a error form. This was reviewed and recommendations made were fed back to the clinical nurse managers who were given a set period of time to implement the recommendations made.

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 frequency that each medication was to be administered was not written on the charts
- there was no maximum dose prescribed for as needed (PRN) medications.

Social care workers had Safe Administration Medication (SAM) training in place and the policy indicated that they were covered to administer PRN medications only. However, on review of staff training records the inspector noted that staff had not received refresher SAM training since they commenced working in the centre for most staff this was in 2000 - 2003.

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. She was the named person in charge, employed full-time to manage the centre. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had a good knowledge and understanding of the residents' having worked with most of them for a number of years. Residents knew her well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She was supported in her role by a team of social care workers. She 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 that regular scheduled 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 knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities.

Staff confirmed and records showed they had access to some 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 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:

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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-0008508
Date of Inspection:	14 April 2014
Date of response:	20 June 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 05: Social Care Needs

Theme: Effective Services

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

There were no comprehensive assessments available for any of the six residents.

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:

All relevant copies of assessments on the residents will be sourced from the main file and will be placed in individuals files in the centre. Individual Key Workers under the direction of Person in Charge will ensure that this is completed by June 30th

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

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

There were no personal plans available for any of the six residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each Resident will have an Individual Plan in place by August 30th.

Each Resident has a Key Worker who will coordinate the plan and will liaise with family and clinical staff as necessary.

The Plan will incorporate current and new goals.

Proposed Timescale: 30/08/2014

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:

There was no emergency plan in place to guide staff on how to respond to emergencies.

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 a procedure for responding to emergencies. Residents and families will be fully informed by the Person in Charge as to the details of the plan.

Proposed Timescale: 30/06/2014

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:

A Safety Statement has been sourced and will be on display in the Centre on May 26th.

Proposed Timescale: 26/05/2014

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:

The Person in Charge will develop a procedure for responding to unexplained absences. Residents and families will be fully informed by the Person in Charge as to details of the plan.

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 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:

The management of risks associated with aggression and violence are comprehensively addressed in the organisations Positive Behaviour Support Policy. A copy of the Policy is available in the centre.

Proposed Timescale: 06/06/2014

Theme: Effective Services

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

The Commercial Road Worthy certificate displayed on the bus used to transport residents was out of date.

Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

The bus was passed by an authorised DOE vehicle test centre on April 23rd. The relevant documentation is now in the unit and the required disc is on display in the bus.

Proposed Timescale: 23/05/2014

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:

The centre has recently implemented a new recording system which ensures that all appropriate medical and allied health care records and assessments on residents are kept in the centre. This was complete May 30th.

Person responsible : Person in Charge

Proposed Timescale: 30/05/2014

Theme: Health and Development

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

Staff did not have up-to-date food hygiene training in place.

Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

The Staff Team in the centre have received training in food safety. St. Michael's House is in the process of discussing refresher training with the Health Service Executive Environmental Health Department.

Proposed Timescale: 30/08/2014

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 administration was not in line with SAM guidance 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 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 are also developing a policy for service users being referred to hospital/external providers. This will assist with 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 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 a revised organisational policy for prescribing medication. The organisation's Medication Administration Group are also developing a revised policy for service users being referred to hospital/external providers. This will assist with 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:

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 been given a date for Safe Administration of Medication Refresher Training for all Staff of July 23rd.

Proposed Timescale: 10/09/2014

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 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:

Statement of purpose will be reviewed to ensure it meets regulatory requirements.

By whom: Person in charge

Proposed Timescale: 30/07/2014

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:

Statement of purpose to be made available to residents and their representatives.

The statement of purpose will be updated and then discussed with residents at a house meeting in August 2014.

Photographs and symbols will be used to help residents understand the statement of purpose. A copy of the statement of purpose will be circulated to family members. The statement of purpose will be available in the centre for residents to view by August 30th.

Person responsible: Person in Charge.

Proposed Timescale: 30/08/2014

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:

All staff have been requested by the Person in Charge to submit a recent photograph to St. Michael's House HR Dept by June 30th.

Proposed Timescale: 10/08/2014