Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Kerry Parents and Friends Association
Centre ID:	OSV-0001970
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kerry Parents and Friends Association
Provider Nominee:	Maura Margaret Crowley
Lead inspector:	Vincent Kearns
Support inspector(s):	Noelle Neville
Type of inspection	Unannounced
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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
08 March 2016 08:30	08 March 2016 16:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the first inspection of the centre by the Authority.

This centre was a single storey building resting on the outskirts of a village on Valentia Island. The premises was homely, modern, bright and well maintained. Residents informed inspectors that they were very happy living in the centre. A number of residents proudly invited inspectors to view their bedrooms and it was clear that each bedroom viewed was comfortable and had personalized by residents. The house was built on a large site which also facilitated a rigid horticulture house, a poly tunnel, duck and hen enclosure, dove cote and 3/4 acres of land for animals. The house was built in 2001. The corridors and doorways facilitated easy wheelchair access. On entering the reception hall, there were bedrooms, laundry facilities, a pool room, a living room, music room and the kitchen/diner room. The dining area opened into an extended area which acted as a sunroom.

The centre also provided a day service Monday to Friday. The day service was based in a purpose built area which was attached to the main house. Most of the daily work was based outside growing plants and vegetables in the poly tunnel and rigid house; caring for the animals; maintaining grounds, the building and overall site.

As part of the inspection inspectors met with residents, the person in charge and other staff members. The inspectors reviewed policies and procedures in the centre and examined documentation which covered issues such as staff training, personal plan development, health and safety and risk management and medication management.

Of the seven outcomes inspected, the provider was judged to be compliant with four and in moderate non-compliance with three outcomes.

The findings to support these judgments are discussed in the body of the report; the failings to be addressed are listed in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspectors were satisfied that staff were committed to ensuring that each resident was supported to meet his or her needs in a person-centred and holistic way. Staff demonstrated a commitment to providing residents with safe and appropriate supports while in the centre; the arrangements in place to facilitate this were outlined in each resident's support plan. The information relayed to inspectors by staff reflected the content of the support plan. The support plans were focussed on strengths and ability and reflected the staff commitment to achieving with and for, positive outcomes for residents. However, it recorded that their keyworker or staff was the person responsible and not the name of the staff member as required by the regulations.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were measures in place for promoting the health and safety of residents, staff and other persons. These included a health and safety statement, a risk management policy and a register of risks.

A policy on risk assessment and management dated April 2014 was viewed by inspectors. A risk register was in place in the centre and this was dated as reviewed by the person in charge in October 2015. A risk matrix was in use and there were three red rated risks, 31 orange rated risks and 10 green rated risks recorded in the risk register. Risk assessments were reviewed, including risks associated with fire safety, slips, trips and falls, violence and aggression and the risk of a hypoglycaemic episode due to low blood sugar levels. However a number of risk assessments did not have the date recorded, therefore reviews could not be identified. In addition, there were no risk assessments for the unexpected absence of any resident and self harm as required by regulation 26(1)(c)(i) and (iv). There was also a need to risk assess the horticulture area of the centre and to risk assess the fire evacuation arrangements for one resident with mobility issues.

Accident and incident reports were reviewed by inspectors. Incident reports included details of the incident, outcome, action including any learning and how information about the incident was disseminated. There were three recorded incidents in 2015 and three to date in 2016.

The inspectors saw that emergency lighting and an automated fire detection system were in place in the designated centre. Fire fighting equipment was prominently positioned and there was evidence of fire doors. Fire escape routes were clear. Records indicated that escape routes were checked daily. Floor plans and evacuation procedures were clearly displayed in the centre. The inspectors saw certificates confirming that the fire detection and fire fighting equipment were inspected and tested at the prescribed intervals. However, a smoke detector was not in place in a conservatory extension to the house.

Personal emergency evacuation plans (PEEPs) were in place in the centre. However, the PEEP for one resident with mobility issues stated that the resident was to be transferred by wheelchair which was to be kept in their room at night. Staff confirmed that this resident used a mobility aid to evacuate the premises on foot and not a wheelchair as recommended in the PEEP. This resident was awaiting an occupational therapy (OT) assessment in relation to this issue at the time of the inspection. Records indicated that fire drills were carried out at regular intervals and participation was documented. However, the duration of some evacuations was noted to be longer than recommended, for example one evacuation carried out in December 2015 was documented in the fire safety register book as taking 10 minutes.

Training records indicated that staff were provided with fire safety training and staff spoken with confirmed their attendance at training.

Satisfactory procedures were in place for infection control. Hand gel was seen to be available. Colour coded cleaning systems were in operation.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
A policy on behaviours that challenge dated April 2014 was viewed by inspectors. Staff had received appropriate training in the management of challenging behaviour. The inspectors observed that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive.

A policy on safeguarding vulnerable persons at risk of abuse dated December 2014 was viewed by inspectors. The provider nominee also acted as a designated officer for the protection of vulnerable adults. Training for staff in safeguarding vulnerable adults was provided and up-to-date for all staff. Staff with whom the inspector spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Any incidents, allegations or suspicions of abuse had been recorded and were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

A sample of contracts of support were reviewed and noted to be signed by the resident, family and the person in charge.

A complaints policy viewed was dated April 2014.

A restrictive practices policy viewed was dated May 2015. However, the person in charge confirmed that there were no restrictive practices in place in the centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were satisfied that arrangements were in place for assessing, planning and reviewing residents healthcare requirements and that staff supported residents to maintain their health and wellbeing.

Records were maintained of each resident's health status and any known health related issues that required monitoring and/or intervention and actions taken to this effect. For example, one resident with diabetes had a diabetes management plan in place and a protocol was also in place for managing hypoglycaemic or hyperglycaemic episodes. This resident had attended a dietician and diabetes nurse led clinic and a HSE run education programme on diabetes in May 2015. Staff spoken with were knowledgeable regarding this resident's needs and how to manage and monitor their insulin administration.

However, a hypoglycaemic risk assessment in place for this resident was dated October 2013 and there was no risk rating applied to the risk which prevented the level of risk from being identified. In addition, a diabetic diet plan with guidelines on which foods were suitable for the resident was in place, however this document was not dated and was labelled as "only draft". There was also no suitable arrangement for the administration of intra-muscular medication for this resident in the event of a hypoglycaemic episode. An email viewed by inspectors raised concerns regarding this lack of clear or suitable arrangements as a nurse was required to administer the medication and there was only one nurse (person in charge) on duty at certain times during the week. The lack of this arrangement had not been risk assessed by the centre.

A policy on diet and nutrition dated May 2015 was reviewed. This policy stated that the Malnutrition Universal Screening Tool (MUST) was to be used. However, in the personal care plan of a resident classified as being significantly overweight there was no MUST assessment available. The person in charge confirmed that this had not been completed.

As appropriate to their needs, residents had access to healthcare professionals and services including dentistry, chiropody, optical review and dietetics. However, one resident was awaiting an occupational therapy (OT) assessment since September 2015. A referral was sent by the person in charge in September 2015 and again in December 2015 for this resident to be assessed in relation to requiring a wheelchair for the purposes of emergency situations and evacuations. However, this OT assessment had not yet taken place at the time of the inspection.

Residents were facilitated to participate in both the selection and preparation of their meals. A good supply of fresh produce including meat, vegetables and fruit was stored in the kitchen.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a written policy in place for medication management dated October 2013. However, this policy was overdue review since October 2015.

Training records reviewed indicated that all staff had training in the safe administration of medication.

A record of medication checks of residents' monthly supply of medication was maintained, with the most recent record dated 26 February 2016. This record recorded the total balance and was signed by two members of staff.

A pharmacy handover form was completed for each resident by the pharmacist and staff collecting the medication. Medication was checked again by staff and the person in charge on arrival at the centre. It was evidenced that the pharmacist called to the centre twice a year to offer training and conduct medication audits.

An audit of medications was conducted every Sunday checking for any out of date medication, correct labels and dates of opening. It was noted by inspectors that medication errors were recorded and reviewed.

A list of expiry dates was kept in relation to creams and ointments used in the centre. Out of date medication was returned to the pharmacy. A medication fridge was provided for medications requiring refrigeration.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Management systems were in place in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure that identified the lines of authority and accountability. Accountability in the service operated through a Board of Directors with direction through the Chief Executive Officer (CEO) and senior management team. The organisational structure was in keeping with that outlined in the statement of purpose.

There was a full time person in charge who was appointed to the post in September 2015. The person in charge was a registered nurse, with the skills and experience necessary to manage the centre. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was committed to her professional development and had completed a diploma in applied management in recent years.

There was an annual review of the quality and safety of care in the centre which was conducted for 2015. A copy of this review report was made available to inspectors. This review covered a variety of areas including staff training, team meetings, advocacy, audits, complaints, good practices and plans for 2016.

In accordance with statutory requirements, an unannounced visit was conducted by the provider nominee of the centre in December 2015. A report was produced on the safety and quality of care and support provided in the centre. A copy of this report was made available to inspectors. An action plan had been drawn up at the end of this report and it was noted that several actions had been completed and some were on-going.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed recruitment and training records and a sample of staff files. The sample of personnel records reviewed demonstrated that the records contained the documents required by Schedule 2 of the regulations with one exception. One personnel record needed to include a satisfactory explanation of gaps in employment history.

Staff training records indicated that staff had attended a range of training including safeguarding vulnerable adults, managing behaviours that challenge, fires safety, fire extinguisher, safe administration of medication, food safety, first aid and dysphagia (difficulty in swallowing) training. However, it was noted that some staff had not had communication training even though the centre's communication policy stated that "staff are provided with in service training opportunities to equip them with the necessary skills required to meet the needs of the people we support".

Both planned and actual staff rosters were reviewed during the inspection and indicated that the staff numbers were appropriate to meet the needs of the residents. However, the person in charge told inspectors that staffing was not always adequate on certain busy days of the week.

Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Inspectors noted that staff members were knowledgeable of residents' individual needs and provided assistance to them in a respectful, caring and timely manner.

A policy on the supervision of staff dated April 2014 was seen by inspectors. However, a system of staff supervision and appraisal had not yet been implemented in the centre. The annual review report stated that a supervision schedule was to be drawn up and this was recorded as actioned by the person in charge in December 2015. Evidence of this schedule was not seen by inspectors and it was confirmed by the person in charge that supervision of staff was not yet in place.

A policy on volunteer workers dated April 2014 was in place in the centre. However, the person in charge confirmed that there were no volunteers in the centre at the time of inspection.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Kerry Parents and Friends Association
Centre ID:	OSV-0001970
Date of Inspection:	08 March 2016
Date of response:	07 April 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The names of those responsible for pursuing objectives were not included in the personal plan as required.

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

1. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The names of all responsible have been included in the plans.

Proposed Timescale: 30/03/2016

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 a need to risk assess the farm section of the centre and to risk assess the fire evacuation arrangements for one resident with mobility issues.

2. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
On the day of inspection there was three risk assessments on file for the Horticulture area V201544 (risk on using lawnmower), V201527 (risk of slip/trip/fall when feeding the hens in the hen house), V201526 (risk of poisoning due to inhalation or ingestion of hazardous chemicals).

Another risk assessment was completed for the horticulture area but not printed out V201552 (risk of a getting pecked from hens or doves when feeding them) this is now printed and in the risk assessment folder.

An assessment to identify the risks was carried out on the Horticulture area on the 31/3/16 and approximately 18 risks were highlighted. Risk assessments will be completed for these and auctioned accordingly.

A timed fire evacuation for a resident with mobility issues was carried out on the 16/3/16. This evacuation took 2.25 minutes to exit the building and identified the risks involved. A closer assessment was carried out on the evacuation on the 31/3/16 and an individual risk assessment was completed on the 1/4/16

Proposed Timescale: 22/04/2016

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 unexplained absence of a resident from the centre.

3. 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:
Risk Management policy has been reviewed and updated to include the measures and actions in place to control the unexplained absence of a resident form the centre. A risk assessment on absconding is in place, this was originally in place but not printed, it is now in the risk assessment folder.

Proposed Timescale: 31/03/2016

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.

4. Action Required:
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.

Please state the actions you have taken or are planning to take:
Risk Management policy has been reviewed and updated to include the measures and actions in place to control self harm. A risk assessment on self harm is in place, this was originally in place but not printed, it is now in the risk assessment folder.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no suitable arrangement for the administration of intra-muscular medication for this resident in the event of a hypoglycaemic episode. An email viewed by inspectors raised concerns regarding this as a nurse was required to administer the medication

and there was only one nurse (person in charge) on duty at certain times during the week. The lack of this arrangement had not been risk assessed by the centre.

5. Action Required:
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:
Risk assessment has been completed on 1/4/16.

On the 25/3/16 an email was sent to the Manager of the local community hospital requesting the assistance of the nurses on duty to provide life saving assistance in the event of an emergency, awaiting her response.

The diabetic management plan has been updated to include a protocol for emergency management. In the event of no nurse being available to administer the intra-muscular medication the emergency services will be contacted.

Proposed Timescale: 15/04/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident was awaiting an occupational therapy (OT) assessment since September 2015. A referral was sent by the person in charge in September 2015 and again in December 2015 for this resident to be assessed in relation to requiring a wheelchair for the purposes of emergency situations and evacuations. However, this OT assessment had not yet taken place at the time of the inspection.

6. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
An email was sent to the HSE Manager of Disability Services on 29/03/2016 highlighting the difficulty in accessing OT services.

A wheelchair has been sourced through the Association and is now available for the resident for the purposes of emergency situations and evacuations.

Another referral has been sent together with a risk assessment to the Occupational Therapist requesting an assessment on fire evacuation support for this resident.

Proposed Timescale: 31/05/2016

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** It was not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. For example, five staff were overdue training in manual handling practices and no staff had received training in communication. **7. Action Required:** Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. **Please state the actions you have taken or are planning to take:** Communication training was completed by three staff in May 2015. The remainder of the staff will attend communication training by 31/05/2016.
Proposed Timescale: 31/05/2016
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** A policy on the supervision of staff dated April 2014 was seen by inspectors. However, a system of staff supervision and appraisal had not yet been implemented in the centre. The annual review report stated that a supervision schedule was to be drawn up and this was recorded as actioned by the person in charge in December 2015. Evidence of this schedule was not seen by inspectors and it was confirmed by the person in charge that supervision of staff was not yet in place. **8. 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:** The schedule has been drawn up and all staff will have a supervision session with the manager by 15th July 2016.
Proposed Timescale: 15/07/2016