

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011501
<b>Centre county:</b>	Kilkenny
<b>Email address:</b>	adrienne.smith@camphill.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Camphill Communities of Ireland
<b>Provider Nominee:</b>	Adrienne Smith
<b>Person in charge:</b>	Jose (Johanna) van der Donk
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	Caroline Connelly; Tom Flanagan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	6

## **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 2 day(s).

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

From:	To:
12 May 2014 08:30	12 May 2014 18:30
13 May 2014 08:30	13 May 2014 18:00

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

Outcome 10. General Welfare and Development
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
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**

As part of the inspection inspectors met with residents, the provider, the person in charge and co-workers. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors reviewed policies and procedures which covered issues such as medication management, accidents and incidents management and residents healthcare. The person in charge informed inspectors that she along with the co-workers endeavoured to provide a person-centred service to effectively meet the needs of residents. The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- no written agreements/contracts available
- residents' personal plans needed updating
- the décor in some of the premises was in need of upgrading
- fire safety, health and safety/risk management
- issues in relation to preventing healthcare associated infections
- ensuring residents are protected and safeguarded

- management of behaviour that was challenging and the use of restraint
- residents' finances was not adequate
- co-workers training was not adequate
- medication management issues
- staff files needed updating
- volunteers did not have roles and responsibilities were set out in writing.

**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 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors noted from a selection of personal plans there was an established social activities schedule available and evidence of an assessment process that identified each resident's educational, employment and/or training goals. Residents to whom inspectors spoke outlined that they had regular roles within their houses and inspectors noted that such roles formed part of residents' goals in their personal plans. Inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents. Inspectors noted that residents' roles and responsibilities included keeping their room/house tidy, making their beds, managing their laundry, setting tables for meals, participating in food preparation and washing up after their meals. Many of the residents also participated in skill acquisition in relation to the following activities:

- gardening and horticulture
- farming including milking and looking after animals including pigs
- cooking and baking
- candle making
- pottery
- weaving
- woodwork
- attendance at off-site training courses.

For children who were residents in the centre there was a selection of resources available including a school located on site with a number of classrooms and there was an extensive outdoor playground. There was also a fully stocked modern library where residents and co-workers were able to enjoy and borrow books on a variety of subjects for all ages. It was evident to inspectors that music was an important part of life for residents with a large selection of musical instruments including pianos available in each premises. Music lessons were also available for residents and group music sessions were a regular feature of the social milieu of the centre. There was a music room which had

an extensive collection of instruments suitably adapted to be used by residents under supervision. Inspectors were informed by the person in charge that these instruments had also been used at seasonal festivals. Inspectors visited the craft room and the person in charge stated that this room was set up to be a multi-craft space. Inspectors noted that a number of young residents attended this room to learn a number of different crafts. There was evidence of crafts such as basketry, pottery, woodwork and copper-beating that had been completed under the guidance of an experienced craft teacher. Inspectors also visited the bakery and noted that this facility provided a number of residents and their co-workers the opportunity to learn how to bake a variety of breads and rolls, cakes and biscuits under the guidance of an experienced baker. There was a weavery workshop that was managed by an experienced and trained weaver. Inspectors noted that children in the centre and their parents and family were consulted as to the best educational approach for their child. Inspectors reviewed a number of children's personal plans and noted that there were a number of educational options open to residents including:

- home tuition and extra support within the centre
- inclusion in a suitable class within the centre
- attendance at a local national or secondary school
- attendance at a special school.

In addition, inspectors also noted for each child that was a resident their personal plan had an individualised education plan, their education was provided in an inclusive environment, that parents and guardians were consulted in relation to the education of their child and a school leaving plan was provided for each pupil as they approach the end of school.

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

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the statement of purpose and noted that all residents were afforded a standard of care using a life sharing model that ensured respect, choice and dignity to be provided at all times. Inspectors noted that the statement of purpose outlined that the centre sought to provide a place where adults, adolescents, and children with an intellectual disability could share life together with other children and adults. The mission statement within the statement of purpose also referenced that the centre endeavoured to create a community where children and adults of all abilities

could live, learn and work with others in healthy social relationships based on mutual care and respect. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to co-workers prior to admission. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy dated January 2013 and detailed the preadmission arrangements and the admissions process. This policy did provide suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as reasonably practicable; before admission of the prospective resident.

In addition, the statement of purpose detailed a trial period of twelve weeks with a review at the end of this period. However, inspectors noted that the admission policy did not take account of the need to protect residents from abuse by their peers. In relation to contracts detailing the support, care and welfare of residents and details of the fees to be charged there was evidence that work on providing such contracts had commenced with consultation with residents and families having commenced. However, inspectors were informed by the person in charge that written agreements/contracts in relation to the term and conditions of admission to the centre were not available.

#### **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 - Minor

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. On the first morning of inspection, inspectors attended the gathering meeting and noted that this was an opportunity for residents and co-workers to greet each other and discussed their work schedules/plans for the forthcoming week. Inspectors noted that a number of residents participated in their own individualised activities; on a one to one basis with co-workers. Inspectors were

informed by residents and co-workers that there were a number of options available for all residents in relation to activities and work. For example some residents attended both on and off site activities including concerts, creative expression movement and art, art and crafts including woodwork, weaving, candle making, and pottery were available. On the second day of inspection, inspectors were shown some excellent examples of fabric production, pottery, woodwork and mosaics that residents had completed. Inspectors noted that residents were involved in the day-to-day running of their homes' including the cooking for each meal, laundry and cleaning/tidying within each house. In addition, inspectors noted that a selection of excellent scones and breads were collaboratively produced by both residents and co-workers within the small on site fully functioning bakery.

There was evidence of active gardening by both residents and co-workers; there was a polytunnel and a selection of vegetables that were organically grown to provide fresh food to each of the premises. The centre also had a small farm and inspectors noted that residents actively participated in many aspects of the horticulture/farming including looking after animals. Inspectors were informed that two piglets had recently been born which provided additional ongoing entertainment. While there was a general routine to life in the centre with some level of activity/job allocation in place; inspectors noted that residents had a good choice of meaningful activities from which they could choose to attend or work in each day. Residents to whom inspectors spoke confirmed that they enjoyed being busy; living and working in the centre.

Inspectors reviewed a selection of personal plans which were comprehensive, person-centred and holistic. Inspectors noted that they identified individual plans in relation to residents' identified needs including behavioural challenges, supports, any medical issues and strategies agreed with residents' involvement in order to reach these stated goals. Of particular note was the emphasis on positive aspects and the residents' identified strengths in meeting identified challenges. There was evidence of interdisciplinary team involvement in residents' care including nursing, speech and language therapy, General Practitioner (GP) and psychiatric services. From the sample of personal plans viewed there was evidence of residents or where appropriate residents representatives involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved. In addition, personal plans contained details of meaningful activities recorded in respect of individual residents' needs and capacity. There were identified weekly activity timetables for each resident that detailed individualised meaningful pursuits including activities such as forest work, colour light therapy, farm work, music, massage, folk dancing, concerts, movie nights and outings/weekends away. While there were identified goals and objectives clearly identified within each personal plan however, there no named/identified co-workers responsible for pursuing objectives in conjunction with individual resident. In addition, inspectors noted from the selection of personal plans reviewed there were no agreed time scales or set dates in relation to these identified goals and objectives.



**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The centre consisted of eight different premises located in the countryside and consisted of a large two story house that had the capacity for five residents. This premises was designated to accommodate children and young people. It consisted of two bedrooms downstairs and a wheelchair accessible bathroom and three bedrooms upstairs with adjacent bathrooms. In addition there were six bedrooms for co-workers. The second premises was centrally located near to the bakery and other workshops. It was surrounded by a garden and orchard and could accommodate five residents. There was one bedroom with wheelchair facilities downstairs and four bedrooms upstairs with bathrooms close by and there were also five bedrooms for co-workers. The next premises was located adjacent to the apple orchard and the administration office. This premises had a capacity for five residents. There were two bedrooms for residents downstairs which were wheelchair-friendly and three bedrooms for residents upstairs with bathrooms close by. There were also seven bedrooms for co-workers in this premises. The next premises was a purpose built premises located one kilometre from the main site and had the capacity to provide a home for four residents. It had since been developed to include a weavery workshop, gardens and a specially adapted house for one additional resident. There was an en-suite facility with a wet room and there were also two further bedrooms for residents with bathrooms in the corridor. In addition there were eight bedrooms for co-workers in this premises. The next premises was specially built to provide a quieter environment for some residents. The house had a capacity for five residents seven bedrooms for co-workers. The house was situated in a small accessible forest with many quiet restive walkways regularly used by residents. The final premises had one resident and the remaining accommodation consisted of two units/apartments on site for individuals who required less support and wished to live more independently.

All premises were easily accessible, bright, well ventilated, had central heating and generally decorated to an adequate standard. The premises appeared clean, were homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that generally the décor, design and layout were compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including hand and grab rails; to

meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and all had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. Equipment for use by residents or co-workers in the centre including assisted chairs were in good working order and records were up-to-date for servicing of such equipment. However, some of the floor covering, furniture and paint was in need of upgrading in some premises.

There were suitable accessible grounds/outside areas and a variety of suitable pathways for residents use. In addition, there were suitable garden seating and tables provided for residents use located at a number of locations within the pleasant grounds of the premises. In particular, inspectors noted that the centre had a centralised hall/multifunction premises there was called the "castalia hall" and it was here that inspectors attended the gathering meeting on the first morning of inspection. Inspectors noted that this hall was a purpose-built indoor space used for a large variety of activities and events, including concerts, meetings, seasonal festivals, co-worker training and movement lessons. In addition, this hall gave residents the opportunity to attend public events in their own familiar environment, such as classical and folk concerts, theatre performances, puppet shows, opera, and art exhibitions. Inspectors also noted that there was an "amphitheatre" located adjacent to this hall which provided a venue for outside events, concerts, festivals and theatre and fun competitive sporting events that were held during the centres' annual open day. There was also a purpose built playground located within the surroundings of the orchard; where children and adults could spend play and leisure time. The inspectors noted that the grounds were kept safe, tidy and attractive and inspectors observed residents using these facilities.

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

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

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

### **Findings:**

The person in charge outlined the actions that had been taken to ensure that a valid certificate of compliance regarding statutory requirements in relation to fire safety and building control. These actions included a detailed fire safety and building control audit for each premises by a suitably qualified person in relation to identifying the works

required to meet the statutory fire and building requirements. Inspectors viewed a copy of this auditors' report and noted that there were a considerable number of actions identified including erecting fire evacuation signage, emergency lighting, construction works and installation/upgrading of designated fire doors. Maintenance records for fire equipment including the fire alarm system were available and recorded the most recent inspection in April 2014. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. Co-workers outlined to inspectors that individual co-workers were allocated as fire marshals in each premises and conducted the fire monitoring duties including inspection of fire escape routes each day. The health and safety officer outlined to inspectors the arrangements for ensuring the health and safety of residents and co-workers/staff. These arrangements included an external health and safety audit conducted bi-annually, fire training and regular fire drills including an unannounced evening drills. However, there were a number of issues in relation to fire safety including:

- not all staff had received fire safety training
- fire evacuation notices and fire plans were not public displayed in each premises
- one premises did not have any fire escape signage or emergency lighting.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted including personal evacuation plans and identified issues such as daily living support plans such as diet and weight management and behaviours that challenge. There were also pathways to independence and assessment of risks associated with self determination, issues in relation to supporting positive behaviour and the management of epilepsy were appropriate. There was a safety statement, a risk management policy which identified the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. There was a risk registrar which detailed the hazard identification including identified slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. In addition, the risk registrar included hazards associated with the various activities on site including risks associated with farm work, woodwork, weaver and the bakery. However the risk management register/policy was not adequate for the following reasons:

- it did not include the review of risks associated with large velux windows with unrestricted openings located on the first floor of one premises
- it did not risk assess unrestricted access to cleaning fluids in one premises
- the risk registrar did not cover the precautions to be in place to control the specified risks required by regulation of a resident unexpected absence or self-harm
- not all staff had received manual handling training.

There was a policy on infection control dated as reviewed in April 2014 and the laundry facilities provided within each premises were adequate. Some residents laundered their own clothes and residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them. Co-workers to whom inspectors spoke outlined how cleaning was provided by co-workers/staff and residents also had tasks such as tidying and some cleaning duties in their own premises. However, there were a number of issues in relation to preventing healthcare associated infections including:

- in one laundry that involved the management of residents' laundry who had incontinence; there was no hand washing facilities available

- there was a large deep freezer storing frozen foods unsuitably located in one laundry
- in some of the premises the management of towels in communal bathrooms and toilets was unclear and potentially compromising efforts to prevent cross contamination
- there were bars of soap used throughout each premises however, the centres' policy on infection control stated that "liquid anti bacterial soap was to be used... as bar soap was not recommended."

**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:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge was involved in the management of the day-to-day support provision for residents in the centre. The person in charge informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. The person in charge outlined to inspectors that she had lived and worked in the centre for twenty six years and knew all the residents and co-workers very well.

On the morning of the first day of inspection, inspectors joined the "gathering" which was a meeting held each Monday morning and attended by all residents and co-workers. This meeting afforded residents the opportunity to ask questions, raise queries or make suggestions directly to the person in charge and the co-workers if they wished. The person in charge stated that as the number of residents was small in the centre and many of the residents and co-workers had been living/working together for some time; all were well know to each other and any issues could easily be brought up. The person in charge informed inspectors that there was considerable rotation of residents to different chores, activities, work placements and therefore residents also had the opportunity to meet and work with a variety of co-workers to whom they could raise a concern.

During the inspection the inspectors observed the person in charge and co-workers interacting and speaking to residents in a friendly, respectful and sensitive way.

Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from co-workers. Inspectors noted a positive, respectful and homely atmosphere in each premises. It was evident to inspectors that co-workers were respectful when providing support to residents with their care and welfare needs. Inspectors noted that co-workers were appropriate and gentle in all their interactions with residents. In addition, co-workers to whom inspectors spoke were able to confirm their understanding of the features of adult abuse.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse. There was also a child protection policy signed and dated by the person in charge in May 2014. In addition, there was a national adult and child protection framework policy and procedure available and dated as March 2014.

Inspectors noted that a co-worker who had received further training in the area of managing allegations of abuse had been assigned to the role of safe guarding officer within the centre. However, inspectors formed the view that there were a number of issues in relation to ensuring residents are protected and safeguarded including:

- the child protection policy was not adequate as it did not detail the type/level of training to be provided to co-workers, needed more specific procedures for reporting child protection concerns and more details on safeguarding measures provided in the centre

- the nominated child protection trainer had not received updated training since 2011 therefore prior to children first: national guidance for the protection and welfare of children that had published in July 2011

- while there were children who had been voluntarily admitted into the centre however, there were no written agreements available regarding these voluntary admissions

- not all staff had received training in identifying and responding to adult abuse

- following an incident involving a teenage resident on 2 May 2014 inspectors noted that the residents parents had been notified and additional measures had been identified to prevent a reoccurrence however, this residents' risk assessment had not been updated to include these additional measures, the unlocked door that may have contributed to this incident remained unsecured and the social worker had not been informed of this incident.

There was a policy on the management of behaviour that challenges and guidelines were also available to support staff. From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. There were designated teams of co-workers available to assist residents that required such support. Co-workers to whom inspectors spoke could detail suitable practices, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour. Inspectors noted that there was a considerable tolerance among all for residents that exhibited behaviour that challenges. Inspectors noted that co-workers used respectful dialogue, non verbal communication techniques and suitable interventions when residents exhibited behaviour that challenges. However, there were a number of issues in relation to the management of behaviour that is challenging and the use of restraint including:

- not all staff had received training on the management of behaviour that challenges or de-escalation and intervention techniques

- there was no centre-specific restraint policy

- personal plans did not adequately detailed the use of restraint, consent in relation to

the use of restraint and the monitoring of a resident while restraint was in use  
there were no individualised risk assessments in residents personal plans in relation to the use of restraint.

There was a policy on the management of residents' personal finance dated April 2014. There was adequate space provided for the storage of personal possessions. There was a policy on residents' personal property which was centre-specific and inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated co-worker where necessary to assist individual residents in their personal shopping. Inspectors noted that nominated co-worker were accountable to ensure adequate records and robust accounting procedures were used when handling residents monies. The person in charge informed inspectors that she proactively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. There were written receipts retained for all purchases made on residents' behalf. However, inspectors formed the view that the management of residents' finances were not adequate and exposed some residents' to potential financial exploitation for the following reasons:

- In the record of financial transactions there was no section/facility for residents' signature
- financial transactions were not counter signed by co-workers or a residents' representative
- the balance in the financial records were not clearly transparent as there was no ongoing/rolling financial balance maintained after each transaction
- inspectors were informed that a significant number of residents did not have direct access to their own personal monies and residents did not have control over their own financial affairs in accordance with their wishes.

### **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 - Minor

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled

residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, mobility, personal cleansing and dressing, toileting and oral care.

There was evidence of a range of assessments being used including physical well-being assessments, sleep, mobility and dexterity, communication, transport issues, end of life, epilepsy, people related hazard assessment, eating and drinking assessment. There was evidence in the personal plans of residents or their representatives' involvement in residents care. There was a nurse available in the centre and she was based in the modern purposely built therapy building. The nurse provided assistance with wound and medication management and inspectors noted that she also provided therapeutic massage for residents using a selection of oils. Inspectors noted that there were also records maintained of referrals and follow-up appointments in relation to some residents having had neurological, psychological, speech and language therapist, occupational therapy and psychiatric assessments. Staff informed inspectors that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required. Inspectors noted that for most residents and co-workers mealtimes formed an important part of the social life within the centre.

There was a strong emphasis on encouraging a climate that fostered respectful, reciprocal communication and meals were served within a relaxed, social atmosphere that strengthened a sense of identity and inclusion. Inspectors noted that distractions during meal times were kept to a minimum to promote and facilitate this social event. The dining experience was a time for residents and co-workers to converse with, nurture, and obtain feedback from each other. Inspectors noted that mealtimes were an excellent opportunity for residents and co-workers to share information about what was going on in each other's lives, share current events, and discuss matters of importance. Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Inspectors joined residents at lunch time on both days and noted that there were adequate quantities of food and drink, which was properly and safely prepared, cooked and served. Inspectors noted that picture information charts were used to assist some residents in making a choice in relation to their meal options. The person in charge informed inspectors that the majority of the food used was organic and where possible locally produced and sourced, sometimes from the centres' organic farm and gardens. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors noted that the food was wholesome and nutritious and that choice which was consistent with each resident's individual dietary needs and preferences was available at each mealtime. Inspectors noted that some residents were supported in preparing and cooking their own their own food and that there was adequate provision for residents to store food in hygienic conditions. Inspector noted that some resident required assistance with eating and drinking and co-workers to whom inspectors spoke were able to describe how to provide such assistance. Inspectors were informed that for some co-workers, training in providing assistance to residents in relation to eating and drinking was provided as part of their induction into the centre . However, the co-workers to

whom inspectors spoke had not received training in providing assistance to residents in relation to their eating and drink needs.

## **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

### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

### **Findings:**

All residents' medication administration records reviewed had photographic identification in place. There was a centre-specific medication policy dated February 2014 that detailed the procedures for ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Co-workers to whom inspectors spoke demonstrated a understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each house and the medication keys were normally kept by the co-worker or stored in a locked key safe. However, inspectors formed the view that there was inadequate and unsuitable practices relating to the ordering, receipt, prescribing, storing and administration of medicines for the following reasons:

- a number of co-workers had not received training in medication management
- the majority of medications were dispensed by one GP and residents did not have access to a pharmacist of their choice
- there were no records of internal medication audits/reviews
- one medication administration record seen by inspectors had been ticked as administered to the resident however, there was no signature or initials recorded by the administering co-worker
- on one medication record sheet there were no time of medication administration recorded
- there were a number of residents prescribed complimentary/alternative medications however, it was unclear to inspectors if the residents' GP was aware of all such medications to ensure there were no potential interactions/counter indications from such medications.



**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, a senior co-worker/deputy person in charge undertook her responsibilities. Inspectors were satisfied that the PIC provided effective governance, operational management and administration of the centre. Inspectors noted that there was evidence of a defined management structure that identified the lines of authority and accountability, specifies roles, and details of responsibilities for all areas of service provision.

There was evidence that the person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis including project management training, risk assessments, human resource management training and professional management of violence and aggression. Co-workers to whom inspectors spoke were clear about who to report to within the organisational line management structures. Inspectors observed that the person in charge had an inclusive presence in the centre and residents and co-workers also confirmed that she was a committed and supportive manager. Inspectors noted that residents were familiar with the person in charge who informed inspectors that she had lived and worked in the centre for many years.

Inspectors attended the gathering meeting and noted that the person in charge and the co-workers also attended this communication meeting each week. Inspectors also noted that this meeting was used to convey any priority issues in relation to residents' activities or any outstanding issues or arrangements for the forthcoming week. The person in charge informed inspectors that the gathering meeting assisted her in keeping up to date in relation to residents support needs and it afforded her the opportunity to effectively communicate issues with co-workers each week. The person in charge also attended a number of structured meetings with a variety of co-workers/management groups/workshop masters during the week. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of

Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

### **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

#### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

#### **Findings:**

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that a number of the senior co-workers had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. Inspectors noted that some co-workers had worked in the centre for many years and co-workers outlined that they on a daily basis were supported in their role. Inspectors reviewed the co-workers roster and noted that it was an accurate reflection of the staffing arrangements. Co-workers to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in residents' houses and co-workers spoken to demonstrated adequate knowledge of the regulations and standards. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The person in charge outlined how ongoing training was provided including a weekly three hour training session/meeting held each week for co-workers. The inspectors reviewed the training records and noted the following training had been provided for co-workers including:

- fire safety training
- child and adult abuse training
- first aid
- management of actual or potential aggression
- standards and regulation
- epilepsy
- manual handling.

However, from a review of the training records and from speaking to co-workers inspectors noted that a number of co-workers had not had up to date training in manual handling, fire safety, child protection or management of actual or potential aggression. Each individual training issue has already been identified under each of the respective outcomes in this report.

Inspectors reviewed a selection of co-workers personal files however, such files were not adequate as they did not contain all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The missing information included details of the work the person performs/performed and the number of hours the person is or was employed each week. Inspectors noted there was a policy on the management of volunteers in the centre. The person in charge outlined to inspectors the procedures for recruiting volunteers including interview process, reference verification procedures and a detailed and structured induction programme. However, the policy was not adequate as it did not require that a written agreement regarding the roles and responsibilities were set out in writing. In addition, inspectors were informed by the person in charge that in practice such agreements were not in place.

## **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:***

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Camphill Communities of Ireland
<b>Centre ID:</b>	ORG-0011501
<b>Date of Inspection:</b>	12 May 2014
<b>Date of response:</b>	09 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

To ensure that the admission policies and practices take account of the need to protect residents from abuse by their peers.

**Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Our policy will be amended to take account of this need.

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

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Services

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

On admission, agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Action Required:**

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

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

1. Write draft appendices
2. Write to and meet with all concerned parties
3. Sign contract

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

To ensure that the recommendations arising out of a review of the personal plan shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.

**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:**

A named person responsible for pursuing objectives will be identified for any Personal Plan where there is this omission. The identified goals or objectives within all Personal Plans will have agreed time scales or set dates frames included.

**Proposed Timescale:** 01/09/2014

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

To ensure that the premises is of sound construction and kept in a good state of repair externally and internally and suitably decorated.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Redecorate decor and renew as required the floor coverings, fittings and furniture.

**Proposed Timescale:** 01/07/2014

## 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:**

To ensure that are adequate hazard identification and assessment of risks throughout the designated centre.

**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:**

Risk Register/policy will be amended to include the hazards identified (velux windows, unrestricted access to cleaning fluids in one premises, absence, self-harm)

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

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

To ensure that there are measures and actions in place to control the following 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:**

Risk management register/policy will be amended to include measures of action in place to control the unexplained absence of a resident.

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

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

To ensure that there are measures and actions in place to control the following specified risk of self-harm.

**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:**

1. Policy/Risk register will be amended to include measures/actions in place to control self-harm.
2. A risk assessment will be done for each individual concerned.

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

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

To ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

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

1. Move freezers from laundry areas
2. Make available specific handwashing facility for 1 laundry
3. Towel management plan
4. Liquid soap will be introduced in communal bathrooms and toilets

**Proposed Timescale:** 01/07/2014

**Theme:** Effective Services

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

To provide adequate means of escape, including emergency lighting.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting will be installed in the identified premises.

**Proposed Timescale:** 01/07/2014

**Theme:** Effective Services

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

To make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

1. Maintenance of all fire equipment is done as per report.
2. Means of escape, building fabric and building services have been audited and planned works are currently under discussion with schedule of works to be drawn up by 15/07/14
3. Schedule of works will be carried out over the next two years with completion by 1/06/16.

**Proposed Timescale:** 01/06/2016

**Theme:** Effective Services

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

To make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call



points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Action Required:**

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

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

1. All staff will receive required fire safety training.
2. Fire evacuation notices will be displayed.

**Proposed Timescale:** 15/07/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

To ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff who have direct involvement with residents and who have not already done so will receive training in management of challenging behaviour.

**Proposed Timescale:** 31/07/2014

**Theme:** Safe Services

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

To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. A centre specific restraint policy will be added to the national policy.
2. Personal Plans will be amended where restraint is used, consent will be clearly recorded as well as monitoring while restraint is in use.
3. Individualised risk assessments in relation to the use of restraint will be added to Personal Plans where appropriate.

**Proposed Timescale:** 15/07/2014

**Theme:** Safe Services

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

To ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Informed consent of each resident or his or her representative will be recorded and regularly reviewed as part of the personal planning process in relation to therapeutic interventions where this is not already done.

**Proposed Timescale:** 01/09/2014

**Theme:** Safe Services

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

To ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.

**Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

Our policy will be amended to show the correct procedure in reporting incidents,

allegations or suspicions of child abuse or neglect in line with national guidance. It will also specify type/level of training to be provided and give more details on safeguarding measures provided in the centre.

**Proposed Timescale:** 01/08/2014

**Theme:** Safe Services

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

To ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff who have not already done so will receive appropriate training in safeguarding of residents.

**Proposed Timescale:** 15/07/2014

**Theme:** Safe Services

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

To ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Action Required:**

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

1. All staff who have not already done so will receive appropriate training
2. Safeguarding Officer will receive supplementary training in relation to Children First 2011

**Proposed Timescale:** 15/09/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

To protect residents from all forms of abuse including financial abuse.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. Arrangements will be made for all residents to have control over their own monies and financial affairs.
2. Records of financial transactions will be improved to include a section for resident's signature and a rolling balance.

**Proposed Timescale:** 01/10/2014

**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:**

To ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

**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:**

Sufficient staff are in place and have received training. This will in future be recorded.

**Proposed Timescale:** 01/07/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

To ensure that a pharmacist of the resident's choice, in so far as is practicable, or a pharmacist acceptable to the resident, is made available to each resident.

**Action Required:**

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

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

All residents or their representatives will be asked to express their choice of pharmacist, and arrangements will be made to facilitate this (in so far as is practicable). This will be recorded in the Personal Plan of each resident.

**Proposed Timescale:** 01/09/2014

**Theme:** Health and Development

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

To ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

1. Monthly medication audits will be held.
2. Co-workers will receive training in medication management.
3. One medication record which was ticked is now signed.
4. One medication record where no time of medication administration was recorded has been amended.
5. The GP will be made aware of all complimentary/alternative medications prescribed to residents.

**Proposed Timescale:** 15/07/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

To ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

**Action Required:**

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

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

1. All information and documentation will be checked to ensure records are in

compliance with Schedule 2 and include a written agreement regarding the roles and responsibilities of volunteer co-workers.  
2. The policy will be amended to include the agreement above.

**Proposed Timescale:** 01/08/2014

**Theme:** Responsive Workforce

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

Staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**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:**

All staff who have not already done so will receive all necessary and mandatory training.

**Proposed Timescale:** 01/10/2014

**Theme:** Responsive Workforce

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

To ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.

**Action Required:**

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

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

All volunteers will have their roles and responsibilities set out in writing.

**Proposed Timescale:** 01/08/2014