

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003448
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Mark Blake-Knox
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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: 17 September 2015 10:30 To: 17 September 2015 20:00

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

Outcome 04: Admissions and Contract for the Provision of Services
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

HIOA undertook a series of inspections of centres operated by Cheshire Foundation Ireland during 2015 and found a high level of non-compliances with the requirements of the regulations and the National Standards. In particular, inspectors found that the provider did not have adequate governance arrangements to ensure a safe and good quality of service for residents. The provider was required to attend a meeting with HIOA on 25 November 2015 and at that meeting, the provider told inspectors of a plan to reconfigure governance arrangements, improve support for local managers and address the areas of non-compliance in each centre. Since that meeting, while there continues to be non-compliances, HIOA has seen evidence that the provider is implementing their actions to improve the services. Inspectors will continue to monitor these centres to ensure that the improvements are sustained.

This inspection of a designated centre operated by Cheshire Foundation in Ireland was conducted by the Health Information and Quality Authority (HIOA) in order to monitor on-going compliance with the regulations following the receipt of information of concern to the HIOA.

As part of this inspection, the inspector met with managers, staff and residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication

records, meeting minutes, policies, procedures and protocols, governance and management documentation and staff records.

The management structure of the designated centre had changed in the recent past . There had been a change of person in charge and a new regional manager was in post.

The designated centre was a community respite home accommodating five residents at any one time. The centre was purpose built and together with spacious, well furnished and well decorated communal space, each resident had an ensuite bed/sitting room and kitchenette, with patio doors opening onto a small courtyard.

On this inspection, inspectors found significant non-compliances that were impacting on the quality of service to residents in such areas as personal planning, service agreements and the management of residents' finances. All residents engaged by the inspector during the course of the inspection said that they were extremely happy with the service they received.

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 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

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

This was the centre's first inspection by the Authority.

Findings:

There were not yet any contracts of care or service agreements in place for residents. A template had been developed which clearly outlined the services offered and any charges to be incurred, but this template had not yet been implemented.

There was no clear system of admissions to the respite centre, and no guidance document available to guide staff in planning admissions. The person in charge described a plan to put in place a structure and to develop the required guideline.

Judgment:

Non Compliant - Major

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:

There was an assessment of need completed for each resident which included information in relation to those areas in which residents needed supports. However, not all of these assessments of need resulted in a plan of care. For example, there was no guidance on catheter care management for residents.

A template for the development of personal plans had been developed and this had been completed for one resident. It included a thorough assessment of needs, and clear guidance on the relevant supports required.

This personal plan had not been completed for other residents, and the staff undertook to complete this personal plan for each resident on their next respite stay.

While residents availed of respite breaks, their normal daily activities were supported where appropriate, for example some residents continued to attend day programmes. There were various activities available to residents, including outings to the nearby town.

Residents explained to the inspector that their respite breaks were important to them. One resident said the care was 'fantastic' and another said that their stays in this facility were 'better than anywhere else'.

Judgment:

Non Compliant - Major

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:

While there were some systems in place for the prevention and management of fire, some improvements were required. The training records examined showed that there was regular fire safety training for the staff, and staff were aware of the fire evacuation procedures and were able to describe the procedures involved. Daily checks of fire escape routes and the fire panel were documented, as were weekly checks of equipment and lighting. Certificates were available in relation to annual maintenance of equipment.

However, fire drills were not regular, and although one was planned for the week following the inspection, and the minutes of the meeting where this had been agreed were available, the previous drill had been held in February. Although staff could

describe the actions they would take in an emergency, there was no fire evacuation plan documented, and no emergency plan available.

There were risk assessments in place, for example, in relation to outings and for equipment, and environmental risk assessments were available. There was a system of call bells for residents which included a wristband for those who required continual access to the call system. However, the Health and Safety Statement was not current, it had last been reviewed in 2008. In addition, a previously identified security risk to the premises had not resulted in an appropriate risk management plan.

Accidents and incidents were reported and recorded appropriately, and there was a process for the escalation of risks to senior management. Required actions were identified in the recording sheets, and the actions had been implemented for those reviewed by the inspector.

There were appropriate systems in place in relation to infection control. The centre was visibly clean and there was a cleaning checklist maintained. This included a deep clean of individual living accommodation each time a resident left. There was an infection control policy in place in sufficient detail as to guide staff.

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:

The provider had put in place some systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. A policy was in place in relation to the protection of vulnerable adults.

However, the management of residents' finances in the centre required improvement. While the assessment of needs for each resident identified whether supports were needed, it did not include any guidance as to what these supports were. Where residents did require support from staff when making purchases, the receipts of purchases were kept, but there were no other checks in place. Each resident kept their money in a locked safe in their room to which staff had the code if they required support. As this storage facility was also used for medications, if a resident required assistance with medication but not with the management of finances, staff still had access to this money. This inspector found that these systems were in need of review.

A nightly charge was incurred by residents during their respite stay, and this payment was handed to staff during the course of the stay, who then transferred this monthly to the account department in the organisation's head office. There was no check of the accommodation log by the accounts department to correlate the uptake of respite care with the contributions collected and the inspector found that this system also needed to be reviewed to ensure that adequate protections were in place for residents.

Staff described the practice of some residents in leaving a 'gratuity', however there was no policy in place in relation to gifts or gratuities.

The management of any restrictive interventions was not adequate. There was no register of interventions maintained, and no risk assessments or plans of care to support the use of interventions such as bedrails and lap belts.

Judgment:

Non Compliant - Moderate

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:

While the respite service was not the primary care provider for residents, there were systems in place to support on-going healthcare needs. Any appointments were facilitated and residents had access to an out-of-hours General Practitioner service. Staff were knowledgeable in relation to the healthcare needs of the three residents present at the time of the inspection.

The inspector was satisfied that a plentiful and nutritional diet was offered to residents. The kitchen was well-stocked, and snacks and drinks were readily available. Mealtimes

were sociable occasions for those residents who wished to dine together.

There was a record of the likes and dislikes of residents available to staff, and any preferences were facilitated. Fresh cakes had been baked by staff on the morning of the inspection.

Judgment:

Compliant

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 some evidence of structures and processes in place in relation to the safe management of medications, for example, self medication assessments were in place where appropriate. Medications were brought into the centre by the residents on each respite occasion, together with their prescription, and these were checked by the nurse on duty. However, no record of this was maintained, and there was no local protocol giving guidance on this practice.

There were appropriate practices in relation to the storage and administration of medications, and administration documentation was correctly maintained.

Where residents were prescribed 'as required' (p.r.n.) medications, for example rescue medication for epilepsy, there were no written protocols to guide decision making around the administration. In addition, staff had not received any training in the administration of rescue medications, as further discussed under outcome 17.

Any medication errors were recorded and reported appropriately, and appropriate follow up and supports were available.

Judgment:

Substantially 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:

There was a clear management structure in place, and all staff were aware of this structure. This structure included a new regional manager and a recent change of person in charge within the designated centre. This person in charge had been in the position for three weeks at the time of the inspection.

A system of meetings within this structure had been developed, including a process for communication between the teams. Minutes were maintained of these meetings, and those reviewed by the inspector identified actions and monitored the implementation of them.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had a clear knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation. She provided evidence of continuing professional development, including engagement in a post-graduate course in healthcare management.

An unannounced visit to the centre on behalf of the provider had taken place. The structure of this visit was based on the regulations and had resulted in the identification of areas for improvement. However, the overall systems for monitoring the safety and quality of care and support were not adequate. There was no other system of audits yet in place in the centre. In addition there was no annual review of the quality and safety of care and support as required by the regulations.

Judgment:

Non Compliant - Major

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:

The staffing levels and skills mix were appropriate to meet the needs of residents, including both healthcare needs and social needs. The inspector was satisfied that while residents availing of respite the weekend following inspection had high support needs, an extra staff member had been rostered to ensure adequate support.

Staff who spoke with the inspector were knowledgeable about the individual care needs of each resident, and were clearly well known to the residents.

Staff training was up-to-date for the most part, with the exception of training in the administration of rescue medications in relation to epilepsy.

There were two volunteers on duty during the inspection. The volunteers assisted mostly with social activities, and spent six months at the designated centre. There was an induction programme conducted with new volunteers, and this was documented. However, there were no documents in place which outlined the roles and responsibilities of the volunteers as required by the regulations.

Judgment:

Substantially Compliant

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Cheshire Foundation in Ireland
Centre ID:	OSV-0003448
Date of Inspection:	17 September 2015
Date of response:	8 January 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 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:

There were no written service agreements.

1. 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

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

terms on which that resident shall reside in the designated centre.

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

All service users visiting the Respite Centre since 01/11/2015 have been given a copy of the Service Agreement for review and signature, a signed copy of which is then kept in their Active File.

Proposed Timescale: 01/11/2015

Theme: Effective Services

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

There were no transparent criteria on which to base admissions.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Procedures on Respite Admission and Discharge have been drafted and reviewed by a Respite Working Group. These procedures outline the criteria for admissions. This documentation is due to be finalised by 15/02/2016.

Proposed Timescale: 15/02/2016

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:

Personal plans were not in place for the assessed needs of residents.

3. Action Required:

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

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

Since 01/11/2015, each individual availing of respite has a personalised Care Plan. The initial information input into this personal plan is ascertained at the point at which the Needs Assessment Tool is carried out. Throughout their respite stay, the plan is then finalised based on information given by the service user throughout the stay and the experience of the staff in caring for the service user. The personalised Care Plan is signed by the service user, where possible, during their respite stay.

Each Care Plan will be reviewed during subsequent respite visits to ensure that it continues to reflect the individual need.

Proposed Timescale: 01/11/2015

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:

Not all identified risks had risk management strategies in place.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

An identified risk was addressed immediately on the 25/09/2015, with nightly checks and signing by staff that this check/increase of security was completed.

Proposed Timescale: 25/09/2015

Theme: Effective Services

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

Fire drills were not carried out at regular intervals.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drills have been carried out on a 2nd October, 15th October and the 17th December.

A fire evacuation protocol for the Respite Centre has been developed and is due for finalisation by 31/01/2016.

A schedule of fire drills will be drawn up for 2016 by 31/01/2016.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

There was no emergency plan and no documented fire evacuation plan.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The Emergency Plan for the Respite Centre has been drafted and finalised since 30/11/2015.

The Fire Evacuation Plan is in draft format at this time and is due to be finalised by 31/01/2016.

Proposed Timescale: 31/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices were not managed according to best practice.

7. 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:

From 01/01/2016, a Restraints Risk Assessment is conducted at the point of assessment to identify the risks for the individual of the restraints used.

Quarterly, the use of restraints by each service user is reported to HIQA. The next such report is due in early January 2016.

Proposed Timescale: 20/01/2016

Theme: Safe Services

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

Systems in place to safeguard residents' finances were not robust.

8. 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:

A policy on Managing Gratuities has been drafted and is currently being reviewed in consultation with union representatives. This policy is proposed for finalisation by 31/03/2016.

As a further safeguard, service users / families are asked to pay for respite on certain days (Mon/Wed/Fri) in the respite centre, when the administrator/senior care staff is in the office and can take payments/issue receipts. Gratuities are not accepted from service users. An accommodation log is maintained, recording the number of nights an individual stayed, the amount owing, the amount paid, and the sum lodged to the bank.

Proposed Timescale: 31/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

There were no protocols in place in relation to PRN medications.

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

An individualised template for use in all Cheshire services around the decision making process prior to the administration of PRN medication is in draft format and is due to be finalised by 15/02/2016.

Proposed Timescale: 15/02/2016

Theme: Health and Development

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

Receipt of medications was not recorded appropriately.

10. 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:

From 01/01/2016, the medication brought by the service user is documented by senior staff and signed on admission and departure. A medication log is maintained, dated and signed.

Medication cabinets have been installed since 31/10/2015 in each apartment and are now used to store the service users medication.

After checking the medication, it is placed in the medication cabinet and locked.

Proposed Timescale: 31/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support.

11. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual service review will be completed by January 31st, 2016. Service User satisfaction questionnaires are now circulated to all residents and are available during their stay and on departure. The feedback will be collated and findings/analysis included in annual service review.

2 unannounced quality and safety audits by the provider will be conducted annually commencing in 2016 and written reports will be completed re same. The outcome of these audits will be incorporated in the service reviews completed at year ends.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not have access to all appropriate training.

12. 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:

A number of training modules have been carried out since September 2015. All staff received Medication Training in October 2015. On the 2nd and 3rd December, staff received training in Catheter Care, Peg Feeding, Bowel Management, Nebuliser, Food Safety and Hand Hygiene. Fire safety training took place on the 17th December 2015.

Epilepsy training is scheduled for February 8th 2016. Manual Handling training will be updated for two staff whose training is now out of date. This will be completed by 31/03/2016.

Training records are being managed by the administrator in the respite centre, to ensure that training needs in the service are monitored and planned for in a timely manner.

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

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

Volunteers did not have their roles and responsibilities set out in writing.

13. 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:

The roles and responsibilities of the volunteers working in the respite centre is currently in draft format and will be finalised by 31/01/2016.

Proposed Timescale: 31/01/2016