

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Orchard Vale Apartments
<b>Centre ID:</b>	OSV-0005513
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Redwood Extended Care Facility
<b>Provider Nominee:</b>	Jenny Walton
<b>Lead inspector:</b>	Declan Carey
<b>Support inspector(s):</b>	Lorraine Egan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 29 June 2017 09:30 To: 29 June 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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**

Background to the inspection:

The purpose of this inspection was to monitor ongoing regulatory compliance and following an application to vary conditions of registration under 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.

Previously, the provider had determined there would be a requirement for a high level of nursing supports for residents. On review of the service needs, the provider had determined residents required a social care led service and had made changes to the governance and staffing to reflect same. The provider had submitted an updated Statement of Purpose to reflect this revised service provision. The findings of this inspection are considered by the chief inspector when considering this application.

The previous inspection was to inform a registration decision which took place on 26th and 27th October 2016 when the centre was unoccupied. There were no actions arising from the previous inspection.

How we gathered our evidence:

Inspectors met with five staff members and interviewed three of them (health care assistants) about the service being provided to the residents. Inspectors also met with the provider nominee and spoke to the person in charge (a registered nurse) at length throughout the course of this inspection. Some residents were not available to inspectors, as they were participating in activities or were attending appointments. Inspectors spoke with one resident who was available on the day of inspection.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The designated centre comprised of 3 self-contained apartments in a single building which was located on a campus based setting within a short drive of the nearest town and amenities. There was a separate staff room with its own entrance. The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The statement of purpose outlined the service was available to adult men and women who have an intellectual disability or acquired brain injury, some of whom may also be diagnosed with secondary mental health or medical conditions, and who require individual accommodation.

The provider outlined that the service supports each resident to maximise their quality of life and wellbeing through a person-centred approach.

Overall Judgment of our Findings:

Inspectors found that arrangements were in place to provide residents with a caring and supportive environment. Staff and residents knew each other well and residents were observed to be at ease in the company of staff. Some residents told the inspectors they liked their home and they were supported by staff.

Of the 9 outcomes assessed, 8 were found to be complaint including residents' rights, contract for the provision of services, social care needs, risk management, safeguarding, healthcare needs, medication management and governance and management.

Workforce was found to be substantially compliant.

These were further discussed in the main body of this report and in the action plan at the end.

**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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents was promoted and resident's individual choice was supported and encouraged.

The inspectors observed that policies and procedures were in place to promote and ensure residents and their representatives were consulted with, and participated in decisions about their care and about the organisation of the centre.

Inspectors found residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents were regularly consulted by staff on an individual and informal basis to discuss any issues in the house, to plan weekly menus and decide on what activities they would like to do and try.

The inspectors viewed documentation and found residents' choices were incorporated into activities, menus and their living space in the centre. For example, residents chose to visit their friends, family and significant others both within and outside the designated centre.

The inspectors were satisfied that access to advocacy services and information about residents' rights formed part of the support services made available to each resident. There was evidence that an advocate was assigned to residents as required, information pertaining to this advocate was on residents' files in the centre. Some residents were

availing of the services of an external advocate on the day of inspection.

There was a complaints policy available in the centre. The policy was in place to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution.

The complaints procedures were displayed on the notice board and an easy to read version was also available to residents. A dedicated log book for recording complaints was also available in the centre. The inspectors observed complaints were being logged, recorded, and responded to accordingly.

For example, minor issues had been raised about communication and privacy issues in the designated centre. These issues were resolved to the satisfaction of the complainants. These issues were discussed with staff by the person in charge at staff meetings and with the provider nominee as part of monthly governance meetings for the centre.

Inspectors spoke to one resident during this inspection. This resident reported that they liked living in the centre and were happy in the centre. Staff outlined some residents preferred beginning their day at different times and this was facilitated by staff.

Residents' finances were not inspected as part of this inspection to the designated centre.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors observed there were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the centre.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre and guided staff when providing care to residents.

The contracts of care stated the services to be provided and the fees to be incurred by residents for such services. The provider nominee outlined to inspectors that a fee for residing in this centre was not charged by the provider and residents' contracts of care reflected this.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities were found to be meaningful and supported the residents to have valued social roles in the community. Most residents had recently moved into this centre and the process of setting residents' social care goals was ongoing between staff and residents.

The inspectors found that the care and support provided to the residents was adequate and from a sample of files viewed, each resident had health, personal and social care plans in place. Residents' communication needs were included in personal care plans.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

There was an ongoing progress to identify social goals that were important to each resident. From the sample viewed by the inspectors, it was observed that the identification of goals was ongoing and a plan of action was in place to support residents

to identify these and ensure their achievement. Different members of the multidisciplinary team were working with residents, their representatives and staff to identify and explore interests and abilities to identify current and future goals.

For example, some residents were involved in sampling a range of available activities such as day trips away, horticulture, a small farm, swimming, community amenities, bowling, computers and attending a leisure centre. Some residents had shown an interest in some activities and residents had begun to express these interests to their key workers and representatives.

Residents also had the option to attend a range of various activities run by the provider such as exercise programmes, skills classes and holistic therapies.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre.

There was a Health and Safety Statement in place which was specific to the centre.

There was also a policy on risk management for the designated centre. The risk management policy met the requirements of the Regulations. The centre also had a risk register which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it. For example, there were assessments in place for unexplained absences. Measures were in place to mitigate this risk and found to be in place on the day of this inspection. There was also a missing person's policy in place for each resident, detailing relevant information.

As in line with the risk assessment policy, all residents had a falls risk assessment in



place. The inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring and there was a system in place to review all incidents and accidents. There were incident report forms completed for all incidents.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed with the provider nominee and staff meetings so as learning from the incident could be shared among the staff team. Records showed that this took place.

The inspectors also found that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by an independent fire company. There was also emergency lighting, smoke detectors and fire doors installed in the designated centre.

Documentation read by the inspectors outlined that staff did checks on escape routes and fire alarm panel. Regular checks were also carried out by staff on fire equipment, manual call points, smoke detectors, emergency lighting and fire doors. Inspectors observed that prior to the inspection staff had reported a recent fault with the fire panel system and this was fixed promptly by an independent fire company.

Fire drills were carried out and scheduled on a quarterly basis. All residents had individual personal emergency evacuation plan in place. For example, some residents required extra support during fire drills and measures were in place to support these residents in the event of an emergency evacuation. This information was available on the residents' files in the centre and staff were knowledgeable on supports required by residents.

Of a sample of training needs viewed, all staff had the required training in fire safety and manual handling.

It was observed that there was adequate hand sanitizing gels, hand washing facilities and hot water available throughout the centre. It was found there were adequate arrangements were in place for the disposal of general and clinical waste.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Residents spoken to on the day of inspection, outlined to inspectors they felt safe in the designated centre and were observed to be relaxed in the present of staff on duty.

Staff spoken with during inspection, they were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Inspectors who spoke with staff were able to verbalise how best to support residents' intimate care needs.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. Positive behavioural support plans included proactive strategies and reactive strategies to support residents, as and when required. All staff were trained in the management of residents' assessed needs that included de-escalation and intervention techniques as required.

Staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage residents' assessed needs in line with policy, standard operating procedures and each resident's positive behavioural support plan.

There was one physical restriction in use in the centre to safeguard some residents and this was reviewed by a rights review committee. This physical restriction was documented in a restrictive practice register and physical intervention log. This restriction was in place for some residents and not for others. The centre's policy and the person in charge outlined, the centre was working towards a restraint free environment for residents.

It was observed that this was implemented as a last resort and as a safeguarding measure after alternatives were exhausted. There was multidisciplinary team input in relation to this restriction and a risk assessment was carried out, to support some residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health.

Inspectors found that residents had access to a local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, speech and language therapy, dietician services and physiotherapy, as and when required.

Inspectors found there to be preventative health promotion in the centre such as ensuring residents availed of vaccines and routine health screenings. Inspectors found that residents were supported to attend appointments and follow up appointments.

Information, assessments and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, some residents had a care plan in relation oral health, sleeping, pain, mental health and detailed epilepsy care plans.

Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, daily recording of food intake and weight monitoring.

Inspectors spoke with residents who said that they enjoyed the meals and food available in and outside the centre. Staff outlined residents were supported in cooking activities and had their own kitchen in their apartments. Some residents had a specific care plan in place for eating and drinking and staff outlined they supported residents with these

needs.

Inspectors found a balanced diet was encouraged in the centre with healthy options on the menu, on the day of inspection. Residents' food preferences were incorporated into the menu plans which were varied and planned over a number of weeks. Menus were available in photographic format so residents were aware of the menu plan.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found there were clear systems in place for medication management in the designated centre and staff to be knowledgeable around medication practices and residents' needs.

The medicines management in place in the centre was subject to monthly audits and the most recent audits showed high compliance. A previous audit identified competencies for some staff who administered medication to be detailed and this was addressed in the action plan. The person in charge outlined audits were used to ensure medication practice in the centre was safe and managed in line with the policy on medication management.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. There was a system in place to record any medication errors. The inspectors observed that if an error were to occur it was reported accordingly to the person in charge and in line with policy and procedure. There were no medication errors to date.

It was observed that staff had been provided with training to administer emergency medication such as buccal midazolam.

All as required (p.r.n.) medicines had strict protocols in place for their use. From

speaking with staff members the inspectors were assured that they were very familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that they had good knowledge of the individual needs and support requirements of each of the residents living in the centre.

The person in charge was also supported in their role by the provider nominee, with monthly governance meetings. The inspectors met with the provider nominee on day of the inspection and observed that they were also familiar with the centre and residents living there. Residents had moved into the designated centre since February 2017 and monthly audits were carried out in the areas of finance, medication and care plans.

These audits identified high levels of compliance and minor non compliances. Action plans were put in place and implemented as a result of these activities by the person in charge. For example, in financial audits, financial assessment capacity for residents was identified as an area requiring extra training for staff and this was requested by the person in charge to management.

The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to their remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge. There was a social care lead, a community nurse and health care assistants on the roster in the centre and one of these would assume the role of shift leader in the absence of the person in charge. There was also an on call system in place, where staff could contact a manager and a psychiatrist 24/7 in the event of any incident.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to their staff team. The person in charge worked on a full time basis and was supernumerary to the roster. The person in charge was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were regular staff meetings organised by the person in charge involving all staff members in the designated centre.

The person in charge was committed to their continuous professional development, was a qualified nurse, held a qualification in management and engaged in all required staff training.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents at the time of inspection. However, some information as specified in Schedule 2 of the Regulations was not present in personnel files.

There was a team that consisted of a person in charge (a registered nurse), a social care lead, a community nurse and health care assistants working in the centre. The multi-disciplinary team also provided regular support.

There was an actual and planned rota in the designated centre.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. Feedback from one resident spoken with was positive about the service provided.

The person in charge met with their staff team on a regular basis in order to support them in their roles. A sample of supervision notes was viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

Inspectors reviewed a sample of staff files and found that all required information was included with the exception of a role description for two members of staff, as specified in Schedule 2 of the Regulations.

Inspectors found training up to date for all staff in the designated centre and there was an effective system in place to oversee this.

**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:***

Declan Carey  
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 Redwood Extended Care Facility
<b>Centre ID:</b>	OSV-0005513
<b>Date of Inspection:</b>	29 June 2017
<b>Date of response:</b>	08 August 2017

### 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 17: Workforce

**Theme:** Responsive Workforce

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

A role description for some staff, as specified in Schedule 2 of the Regulations were not present in personnel files.

**1. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as

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



specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**  
Job descriptions are now in all staff files as required.

**Proposed Timescale:** 17/07/2017