<table>
<thead>
<tr>
<th>Centre name</th>
<th>Melview Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>ORG-0000250</td>
</tr>
<tr>
<td>Centre address</td>
<td>Prior Park, Clonmel, Tipperary.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>052 612 1716</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:melviewhouse1@eircom.net">melviewhouse1@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Sonas Nursing Homes Management Co. Limited</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>John Mangan</td>
</tr>
<tr>
<td>Person in charge</td>
<td>Davina Hanley</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Mary Moore</td>
</tr>
<tr>
<td>Support inspector(s)</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
<td>1</td>
</tr>
</tbody>
</table>
**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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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: 26 November 2013 09:30
To: 26 November 2013 17:30

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

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
This monitoring inspection was unannounced, was the fourteenth inspection of the centre by the Authority and took place over one day. As part of the monitoring inspection inspectors met with residents and staff members including the person in charge. Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures, staff files, inspection reports and risk management documentation.

The previous inspection findings of 8 May 2013 were not satisfactory and the provider had substantially not implemented the actions outlined in the provider's response to the action plan. Inspectors saw that the provider was in breach of the conditions of registration and six residents continued to be accommodated in the Orchard Wing. Building works had commenced and in the absence of any evidence to support the identification, assessment and management of risks; inspectors were not satisfied that these works would not adversely affect persons resident in the designated centre. Based on those inspection findings, the provider was requested to attend a meeting with the Authority on 10 May 2013. The conditions of registration and the inspection findings were discussed and the provider was issued with an immediate action plan. A monitoring visit to the centre on 17 May 2013 found that 33 residents were still living in the centre but the provider stated that procedures for the transfer of four residents to another designated centre were in progress. A further visit to the centre on 23 May 2013 found that the centre was in compliance with its conditions of registration following the transfer of four residents. In July 2013, the provider was requested to submit a progress report on the implementation of the immediate action plan.
This unannounced inspection followed up on the provider's conditions of registration and the immediate action plan issued on 10 May 2013. The inspectors were satisfied that the provider was operating the centre within the conditions of registration; there were 28 residents living in the centre and one vacant bed. Staff had assessed the dependency needs of the residents as nine low, eight medium, eight high and three maximum. No residents were accommodated in the Orchard Wing which was sealed off from the main house and undergoing extensive refurbishment works. The person in charge told inspectors that two of the residents transferred in May had returned to the centre, one had declined to return and one had declined to return until the building works were complete, but was facilitated to maintain links with the centre.

Inspectors saw that residents looked well and cared for, engaged readily with the inspectors and provided positive feedback on the staff and the care and services provided. The person in charge demonstrated commitment to the residents, staff and regulatory requirements. There was evidence of action taken in response to the immediate action plan and of good practice and improvement. However, based on the inspection findings significant deficits were identified in health and safety and recruitment procedures. At the verbal feedback meeting, the person in charge was issued with a verbal action plan to ensure that the provider took immediate action to address the following failures:

- in the context of the ongoing construction works there was no explicit, prominently displayed, clearly communicated evacuation/ emergency plan in place
- in the context of the ongoing construction work the provider failed to take adequate and due regard of their legal responsibilities to ensure the health and safety of all employees in taking the decision to delegate laundry duties to a night time carer.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Deficits were identified by inspectors in the provider’s measures to promote and protect
the health and safety of residents, staff and visitors in the context of the ongoing construction works.

Minutes of meetings seen indicated that the person in charge convened monthly health and safety meetings at which issues pertinent to the health and safety of residents and staff such as manual handling, accidents and incidents including falls and the ongoing construction works were discussed and actions were agreed. The person in charge had completed hazard identifications and risk assessments for issues arising from the construction works. The construction site was inspected by the Health and Safety Authority (HSA) on 22 July 2013 and the report was available for inspection. Five health and safety matters were identified as requiring immediate attention. The response to the matters raised by the HSA was also available for inspection and indicated that the matters were resolved.

However, inspectors were satisfied that in the context of the ongoing construction works there was no explicit, prominently displayed, clearly communicated and understood evacuation/emergency plan in place. The person in charge said and training records indicated that fire training including evacuation training was facilitated on 6 August 2013 and 30 October 2013 and that the training incorporated the impact of the construction works. Inspectors saw that due to the construction works the available fire exits on the ground floor were reduced to one, the main entrance. However, not all staff had received an update/training on evacuation procedures or the emergency plan in the context of the construction works. Staff who had attended fire training since the commencement of the construction works did not demonstrate adequate leaning. With the exception of the person in charge, no staff member spoken with had any knowledge of a possible alternative means of escape. Eighty per cent of staff spoken with on the day of inspection were unaware of an alternative means of escape in the event that the main entrance was inaccessible. Responses varied from “don’t know” to directing inspectors to a locked redundant exit door for which no key was readily available. Inspectors also had concerns in relation to the management of an electronic keypad and temporary building site fencing on the fire escape route. The person in charge in conjunction with the fire engineering consultant was requested to ensure that the provider with immediate effect prepared, put in place, revised and amended as appropriate an explicit emergency/evacuation plan including access for emergency services that was readily available, communicated to by further training as necessary and clearly understood by all staff.

Inspectors were not satisfied that the provider had taken due regard of their legal responsibilities to ensure the health and safety of all employees in taking the decision to delegate laundry duties to a night time carer. The inspector saw that this was designated on the staff roster. Staff spoken with, including the person in charge, confirmed that a carer at night exited the main building at top floor level via the external fire escape ramp, descended the ramp, crossed the rear of the building and the construction site and entered the laundry (due to the construction works the laundry is segregated and inaccessible from the main building) to complete laundry duties. Staff spoken with could not specify at what time and for what duration of time. The ramp was also used by day staff to manually take used linen to the laundry. The person in charge confirmed that the external fire escape ramp was the only route currently used by staff to take and return items to the laundry. This external ramp was previously risked
assessed at the request of the Authority and deemed suitable only for use in the event of an emergency and not for routine entry and exit. While a risk assessment and controls including the provision of a mobile phone were put in place, inspectors were satisfied that an unnecessary and unwarranted hazard for employees had been created by the organisation of work by the provider. The risk assessment did not assess the impact on resident care, or the safety and welfare of residents and other staff on a routine or unexpected basis. For example, in the event of injury or harm to the staff member who had left the building. The person in charge was requested to review and put in place with immediate effect safe systems of work for the undertaking of laundry duties by designated staff or alternative laundry facilities for all items for the duration of the building works.

The training matrix indicated and the person in charge confirmed that manual handling/materials management training for eight staff had not been updated within a three year time frame or in line with changing duties and work practices.

In response to the last inspection findings and action plan, the provider had submitted to the Authority written confirmation from a competent person confirming the suitability of the external smoking shelter on the external fire escape. The shelter, a temporary arrangement was still in place but inspectors saw that there was greater vigilance in relation to its use. Risk assessments were in place, access to the fire escape and shelter was restricted and controlled by staff and no smoking was permitted in the shelter after 20:00 hrs.

Some staff had recently attended education on infection prevention and control and there was evidence that staff had awareness and knowledge and made efforts to control and prevent the transmission of MRSA (Methicillin Resistant Staphlococcus Aureus). However, staff spoken with confirmed that practice was not guided by and they did not have access to contemporary evidence-based infection prevention and control policies and procedures including policies for the management of single patient use devices. This was evident in practice where a decision was made to implement precautionary barrier nursing measures; for example the clinical waste bin was outside the door and all staff did not adhere to the barrier measures. Notwithstanding the efforts of staff there are inadequate designated hand hygiene facilities for staff, other healthcare staff and visitors to the centre.

Catering services were inspected by the relevant Environmental Health Officer (EHO) in May and November 2013 and there was an unannounced inspection of food waste management systems in June 2013. Inspection reports were made available for inspection and indicated satisfactory compliance with the relevant legislation.

The fire register was maintained and in it the inspector saw evidence that fire fighting equipment was serviced in March 2013; the fire detection system had been inspected quarterly most recently in October 2013 and had been extended and commissioned, inspected and tested as required in line with the ongoing construction works. Staff completed and maintained records of weekly inspections of the fire detection system, fire doors, fire break glass units and escape routes.
<table>
<thead>
<tr>
<th>Outcome 08: Medication Management</th>
</tr>
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<tbody>
<tr>
<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>Judgement:</strong> Compliant</td>
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</tbody>
</table>

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the inspection findings supported evidence of safe medication management policies and procedures, including the management of controlled drugs. Medication management was subjected to audit; the medication prescription sheet and the medication recording sheet satisfied regulatory requirements. Staff spoken with confirmed that pharmacy requisites were delivered daily and that both staff and residents had ready access to the pharmacist for support and advice as required. The review of residents’ medication regime on a quarterly basis was formally recorded.

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<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>Judgement:</strong> Compliant</td>
</tr>
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</table>

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Based on a sample of nursing and medical records reviewed including the multidisciplinary plan of care, inspectors were satisfied that each resident’s health and
social care needs were assessed and reassessed monthly or more frequently as required. Arrangements to meet needs were set out in a care plan supported by evidence-based assessment tools as necessary. There was evidence that residents had access to timely medical review and treatment. There was evidence of adequate and current referral and access to other healthcare services as required including tissue viability, chiropody, speech and language therapy and dietetics. A physiotherapist attended the centre twice weekly and was seen to have input into and be included in plans of care, manual handling assessments and risk management procedures including the review and management of falls.

The inspector was satisfied that there were clear procedures in place for monitoring and managing residents with specific nutritional requirements including the administration of nutritional supplements.

All records seen pertaining to residents care requirements were appropriately updated and staff spoken with were knowledgeable as to individual residents specific risks, care plans and required interventions.

### Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

**Theme:**
Person-centred care and support

**Judgement:** Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed records of consultation with, and feedback from residents and spoke with residents throughout the inspection. The records seen indicated that residents were formally consulted with on a regular basis in relation to the care and services provided to them, that the consultation resulted in a report, that action was taken as appropriate and feedback was provided to residents and staff. Records also indicated that residents continued to have access to and engaged willingly with the independent advocacy service. The records seen by the inspector indicated that on balance residents provided positive feedback on staff and the care and services provided to them, identified measures for improvement, and confirmed that they had choice and control over their daily routines. The number of residents consulted with was sufficient for the consultation to be both representative and meaningful; 20 in July 2013 and 24 in October 2013. Likewise, a residents’ committee meeting convened in October 2013 was convened on two floors to enhance the participation of more dependent residents. The
feedback received by inspectors from residents was consistently positive, they were particularly positive in relation to the improvement in the quality and variety of the meals provided and spoke of “the great cook”; some residents remained curious as to the completion date for the building works.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. 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:**

*Workforce*

**Judgement:**

*Non Compliant - Moderate*

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was evidence to support that an objective framework/staffing tool utilising a combination of factors including ratio of staff to residents, total care hours available and the number of nursing hours available to each resident was implemented by the provider. A review of rosters by the inspector indicated that staffing levels and skill-mix were consistently maintained, gave a reasonable staff to resident ratio and available care hours taking into due consideration the layout of the building. However, the staffing tool was not fully understood locally and a deficit identified by the tool could not be explained to the inspector. The person in charge reported that she worked at least one shift per week as one of two nurses on duty and she was satisfied that this facilitated her knowledge of residents, her supervision of staff and care provision. The person in charge was satisfied that she was allowed sufficient time by the provider to effectively perform her management duties and any direct care hours allocated to the person in charge were clearly indicated on the staff rota. Based on their observations and these inspection findings there was no substantive evidence to the contrary.

Inspectors were however dissatisfied with the delegation of laundry duties to night staff and staff members engaged in caring and catering duties and this is dealt with in Outcome 7 Health and Safety and Risk Management.

Inspectors were satisfied that staff spoken with were adequately informed and familiar with the needs and requirements of residents. Inspectors were satisfied based on their observations on the day of inspection that residents were adequately and appropriately supervised.

The person in charge told inspectors that there had been some turnover of staff since the last inspection none of which was related to disciplinary issues. Given the reduced
capacity of the service there was little active recruitment but one new staff file was available to review. Given the history of this centre and repeat actions issued specifically in relation to poor recruitment practices and inadequate protection measures the inspector was disappointed to find that the provider had failed to adequately and appropriately recruit, vet and select staff in line with regulatory requirements and best recruitment practice. The inspector saw and the person in charge confirmed that staff were employed without evidence of proof of the person’s identity and without having obtained and verified three written references including a reference from the most recent employer; there was no reference on file.

The staff rota indicated that staff did receive supernumerary induction on commencement of employment. Training records indicated that since the last inspection staff had completed education and training on nutrition, pain management, infection control, fire and evacuation training, basic life support and risk management. However, the learning gained was not evident and again this is discussed in Outcome 7.

**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:**

Mary Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Melview Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000250</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/11/2013</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/12/2013</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Staff spoken with confirmed that infection prevention and control practice was not guided by and they did not have access to contemporary evidence-based infection prevention and control policies and procedures including policies for the management of single patient use devices.

Staff interchanged duties and roles in the absence of specific polices and guidance on the required infection control measures.

There is a deficit of designated hand washing facilities for staff and visitors such as other healthcare personnel.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
procedures relating to the health and safety, including food safety, of residents, staff and visitors.

**Please state the actions you have taken or are planning to take:**
Policies and procedures in relation to C Diff. MRSA and single use devices are being reviewed and will be in place before 20/1/13.

Alcohol Gel dispensers in place in all bedrooms, hallways and sitting rooms. New hand washing sinks for each floor will be installed before 1/2/13.
Policy being compiled (to include infection control measures) for staffs who interchange duties. Completed before 1/2/13

**Proposed Timescale:** 18/12/2013

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors were satisfied that in the context of the ongoing construction works there was no explicit, prominently displayed, clearly communicated evacuation/emergency plan in place.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Prominently displayed evacuation plans in place

Plans have been amended and are in place on all floors with respect of going construction work in line with relevant health & safety regulations and legislative obligation. Plans are clear prominent and have been communicated to staff. Should the evacuation plan for the building change the plans will be updated and staff re trained to be made fully aware of the evacuation procedure for the building at all times.

**Proposed Timescale:** 18/12/2013

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not satisfied that the provider had taken due regard of their legal responsibilities to ensure the health and safety of all employees in taking the decision to delegate laundry duties to a night time carer. While a risk assessment and controls including the provision of a mobile phone were put in place inspectors were satisfied that an unnecessary and unwarranted hazard for employees had been created by the organisation of work by the provider.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
Laundry service is now completed during the day and the service is fully risk assessed.

**Proposed Timescale:** 10/01/2014  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The training matrix indicated and the person in charge confirmed that manual handling/materials management training for eight staff had not been updated within a three year timeframe or in line with changing duties and work practices.

**Action Required:**  
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

**Please state the actions you have taken or are planning to take:**
Training is booked for the 10th of January for these staff and they have indicated their availability to attend.

completed and on-going

**Proposed Timescale:** 18/12/2013  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Eighty per cent of staff spoken with on the day of inspection were unaware of an alternative means of escape in the event that the main entrance was inaccessible.

**Action Required:**  
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

**Please state the actions you have taken or are planning to take:**
This has been reviewed immediately following inspection and training took place on the 27th & 28th including day and night staff. Staff attended a training session on the 2nd of December. All staff are fully conversant with fire procedures. Training will continue on an ongoing basis as the construction work progresses.

**Proposed Timescale:** 18/12/2013  
**Theme:** Safe Care and Support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received an update/training on evacuation procedures or the emergency plan in the context of the construction works. Staff who had attended fire training since the commencement of the construction works did not demonstrate adequate leaning.

**Action Required:**
Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

**Please state the actions you have taken or are planning to take:**
All staff has completed update training on evacuation procedures and emergency plan in the context of the construction works. Staff demonstrate adequate learning and the provider will complete audit on this area on a 2 weekly basis.

**Proposed Timescale:** 18/12/2013  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no currently relevant prominently displayed explicit emergency/ evacuation plan including access for emergency services that was readily available, communicated to and clearly understood by all staff.

**Action Required:**
Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
The procedures to be followed during an emergency have been communicated to staff, general procedures to be followed by staff are displayed throughout the building. Pre Fire Planning and emergency procedures have been put in place and communicated to all staff. Plans to this effect are held by the Nurse In Charge.

**Proposed Timescale:** 18/12/2013

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staffing tool was not fully understood locally and a deficit identified by the tool could not be explained to the inspector.
**Action Required:**
Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
Staff tool now fully understood by DOC

**Proposed Timescale:** 18/12/2013
**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff were employed without evidence of proof of the person’s identity and without having obtained and verified three written references including a reference from the most recent employer; there was no reference on file.

**Action Required:**
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Please state the actions you have taken or are planning to take:**
New recruitment policy now in place to ensure that regulations are fully complied with. All references now in place. Staff files fully completed as per regulations.

**Proposed Timescale:** 18/12/2013