

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Patterson's Nursing Home
Centre ID:	ORG-0000424
Centre address:	Lismackin, Roscrea, Tipperary.
Telephone number:	0505 43130
Email address:	pattersonsnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Nigel Cooke
Provider Nominee:	Nigel Cooke
Person in charge:	Elizabeth Patterson
Lead inspector:	Gemma O'Flynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 March 2014 10:30	24 March 2014 18:40
25 March 2014 07:30	25 March 2014 12:40

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

Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an unannounced two day inspection to monitor ongoing compliance with the Regulations.

Pattersons Nursing Home is situated just outside the town of Roscrea, Co. Tipperary and can cater for 28 residents. On the days of inspection there were no vacancies with 27 residents in the centre and 1 resident in hospital.

The inspector met with residents, staff, clinical nurse manager and the person in charge and reviewed policies, procedures and practices in relation to Risk Management, Medication Management, Health and Social Care Needs and Staffing.

Overall, the inspector found that the care provided was very good, evidence based practice, delivered in a homely environment by staff who knew the residents well and were seen to interact with residents in a respectful and dignified way. The health needs of residents were met to a high standard and issues relating to care plans in the previous inspection had been addressed.

Whilst the provider and person in charge had adequate risk management policies in place, some areas of improvement were identified. Some areas of non-compliance were also found in medication management and staffing. These findings are discussed throughout the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and 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 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The post of person in charge was suitably filled by Betty Patterson. She was a nurse with the required experience and demonstrated adequate knowledge of her statutory and legislative requirements. She displayed sound clinical knowledge and demonstrated excellent knowledge of residents' needs.

The person in charge was engaged in the governance of the operational management and administration of the centre on a regular and consistent basis and this was confirmed by residents and staff.

Residents and staff were able to identify her as the person in charge and staff told inspectors that she was a very approachable and supportive manager.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no instances whereby the person in charge was absent for 28 days or more. There were suitable arrangements in place should the person in charge be absent.

The clinical nurse manager was appointed to deputise for the person in charge in her absence. She was a nurse with relevant experience in nursing the older adult. She was engaged in the governance of the centre on a regular basis and demonstrated a commitment to her continuing professional development. Staff were able to identify her as a person participating in the management of the centre.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was an in date policy that gave good guidance to staff. There was evidence that training on adult protection was delivered to staff and staff confirmed this when speaking with the inspector.

The inspector spoke with a number of staff and all were able to satisfactorily identify what constitutes abuse and were very clear on what to do if they witnessed or suspected abuse of residents.

There was evidence that the subject of adult protection was discussed at staff meetings and staff told the inspector that they would not hesitate in reporting an incident should it occur.

Residents in the centre told the inspector that they felt safe there and the staff treated them well. They identified the person in charge as the person they would speak to if they had issues with staff.

There was a policy in place to safeguard residents' money and on the day of inspection the person in charge was managing finances for three residents. These were examined and amounts were found to correspond with the transaction book.

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an up to date safety statement and policies relating to health and safety were maintained in the centre.

A risk management policy was in place and met the requirements set out in the Regulations. Risk assessments were in place for risks identified within the centre and the person in charge had undertaken further checks of the centre to identify new hazards. Whilst the inspector acknowledges that there were good practices in place in regards to risk management, some areas of improvements were identified. Where a hazard had been identified it was not clear what controls had been implemented as a result. The system of hazard identification didn't include checking that control measures were implemented as required by the Regulations.

There were arrangements in place to manage infection control but some areas requiring improvement were identified. Whilst there were adequate hand washing facilities, the inspector spoke with staff and they were not fully aware of the procedures for safe hand hygiene. Staff were clear on how to manage contaminated laundry and whilst there was a policy guiding practice, the inspector found that it wasn't centre specific. The centre was clean and well maintained and a contract was in place for the disposal of clinical waste.

An incident book was maintained in the centre and there was evidence that annual reviews were taken of incidents occurring in the centre and this set out the preventative measures taken to minimise re-occurrence.

There was an emergency plan in place and it provided adequate arrangements for responding to emergencies. Alternative accommodation and the transport required was identified if evacuation of the centre was required.

Whilst there was evidence that the majority of staff had received people moving and handling training in 2013, the inspector found that not all staff had received training and staff were observed using an outdated technique when assisting a resident to walk in the centre. Both the policy and the person in charge indicated that it was the centre's practice to provide annual people moving and handling training.

Suitable fire equipment was provided in the centre. There was adequate means of escape and evidence of daily checks of the emergency exits was maintained. There was

a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire. Weekly inspections of automatic door releases were carried out and the fire alarm was checked weekly. The inspector saw records pertaining to these checks.

The servicing of the fire alarm and extinguishing equipment was up to date, however, the emergency lighting was outside its servicing period.

On the day of inspection, the inspector found that bedroom doors were propped open with door wedges. The inspector found that this posed a risk to residents in the event of a fire. A risk assessment for this practice had not been undertaken. The inspector spoke with the person in charge and the clinical nurse manager and this was rectified immediately on the day. The person in charge told the inspector that she will consider a safer alternative to this practice.

Fire training was delivered on an annual basis but the inspector found that it did not capture all staff and therefore some staff had not received annual fire training. Staff were able to clearly explain what they would do in the event of the fire alarm sounding. Whilst staff were able to demonstrate an appropriate knowledge of what to do in the event of fire, the last fire drill was in July 2013 and the person in charge told the inspector that drills were being held annually rather than at least six monthly, as required.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

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:

Whilst issues pertaining to the crushing of medications and PRN (as required) medications raised at the previous inspection had been updated in the medication management policy, the policy as a whole had not been updated since 2009 and did not provide adequate guidance. For example, the procedure for the storage of medications was not clear in the policy and the procedures regarding medications that required further nursing intervention, for example, anti-coagulant medication, did not give adequate guidance.

The inspector found that not all PRN medications had the maximum dose recorded on the prescription chart. This was an issue raised at the previous inspection. All residents

who required their medications to be crushed were prescribed as so by their GP (General Practitioner). The inspector found that it wasn't clear in every instance that residents' medications had been reviewed by the GP on a three monthly basis.

The inspector accompanied nurses on their medication round and found that practice was not always in line with current An Bord Altranais guidelines. Issues included the introduction of unnecessary steps in the use of the pre-dispensed medication packs which could lead to administration errors, medications being signed for before administering to the resident and leaving the medicine trolley unlocked whilst unsupervised by the nurse. This was discussed in detail with the person in charge on the day.

There were appropriate procedures for the handling and disposal of unused and out of date medications. There was a robust system in place for the management of MDA medications (medications that require strict controls). The MDA stock balance was checked and found to be correct and there was evidence that this was checked at the start of every shift.

There was a medication fridge in the centre and this was locked, kept in a locked room and daily temperatures were recorded.

There was evidence that regular medication audits were undertaken and there was a system in place for recording medication errors.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained. The person in charge and the clinical nurse manager demonstrated adequate knowledge of the type of incidents that are notifiable to the Authority.

A quarterly report was provided to the Authority notifying the Chief Inspector of any incident which did not involve personal injury to a resident or where there were no such incidents a 'nil return' report was submitted.

Outcome 11: Health and Social Care Needs

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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents' health care needs were met through timely access to their GP service and an out of hours service was also available. Appropriate referrals to allied health care services such as occupational therapy, speech and language therapy and dieticians were made and records were maintained.

There was evidence of monthly weight checks and more frequently if the resident's health care needs required it. Regular blood pressure and blood glucose monitoring was also undertaken and records confirmed this.

There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre.

There was evidence of comprehensive assessments using recognised tools to identify residents specific needs such as risk of falls, compromised skin integrity and malnutrition.

Care plans were identified as requiring further development at the last inspection and the inspector saw that since then, six nurses had undertaken a course in care planning and a review of resident care plans had been undertaken. Whilst work was still in progress, the inspector found that the new care plans were personalised and easy to follow.

Whilst there was evidence that the residents were consulted for the initial care plan, there was no evidence that residents were consulted at the three monthly review. The inspector found that in some care plans where a review had taken place, the practice was to record 'reviewed' but it did not set out the findings of the review.

There was evidence that the use of restraint was in line with national policy. Where bed rails were required for a resident, the inspector saw evidence that the resident's

representative, GP and occupational therapist were involved. Consent was obtained from residents for the use of restraint. However, the centre's policy said that the use of restraint would be reviewed three monthly by the interdisciplinary team but there was no evidence that this was occurring.

Where behaviour that challenged was identified, the inspector saw evidence of a comprehensive plan to guide staff, however it had not been updated to show that the resident needed fewer carers to assist them with personal care or that the chart for recording challenging behaviour had been discontinued. Staff with whom inspectors spoke, demonstrated a very good knowledge of the needs of the residents.

There was an activities coordinator working in the centre Monday to Friday, 1pm -5pm. Inspectors observed residents playing bingo and knitting and the activities coordinator, residents and staff told inspectors of the different activities that took place in the centre such as sing songs and hand massage. Residents who spoke with inspectors voiced satisfaction with the activities programme. Records were maintained of residents' participation in activities and a person centred approach was evident in regards to the activities delivered and took into account the specific needs of the residents

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:

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

Findings:

There was sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. An actual and planned rota was maintained in the centre and a nurse was on duty at all times.

The inspector found that the centre's recruitment policy gave insufficient guidance. It stated that two references would be obtained for staff when in fact three references are required by the Regulations. There was no guidance in the policy for ensuring the authenticity of references supplied.

The inspector found that staff files were not in compliance with Schedule 2 of the

Regulations. A sample of staff files were reviewed and some files did not contain evidence of Garda vetting. Some files did not have the required three references or references from the person's previous employer. Some did not have photographic identification or a medical declaration stating fitness to work in a designated centre.

The inspector found that the provider was not protecting the safety of residents by ensuring that volunteers were suitable to work in the centre. As with previous inspections, the inspector found that vetting, references and written agreements were not in place, as required by the Regulations.

Whilst there was a training programme in place for staff, some staff had not received mandatory fire training or people moving and handling training. Some training had not been refreshed in over two years, such as adult protection training.

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:

Gemma O'Flynn
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:	Patterson's Nursing Home
Centre ID:	ORG-0000424
Date of inspection:	24/03/2014
Date of response:	01/05/2014

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:

There was no system in place for ensuring that control measures identified in risk assessments were implemented and sufficient.

Newly identified hazards did not have clear control measures put in place.

Staff were not fully aware of the procedures for safe hand hygiene.

The policy for the management of laundry was not centre specific.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

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

1. System now in place for ensuring that control measures identified in risk assessments were implemented. Newly identified hazards which were identified in the most recent risk assessment now have clear control measures put in place.
2. Staff has received training in infection control since the inspection and are now fully aware of safe hand hygiene control.
3. The policy for the management of laundry was not centre specific, the updated policy is now completed.

Proposed Timescale: 01/05/2014

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 updated people moving and handling training.

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:

1. Staff which had not received moving and handling training are to be given same ASAP.

Proposed Timescale: 01/08/2014

Theme: Safe Care and Support

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

Fire drills were not held at suitably sufficient intervals.

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:

1. Fire drills going forward to be held twice yearly as per regulations. Fire drill has been arranged for June.

Proposed Timescale: 20/06/2014

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 annual fire training.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

1. Going forward we will ensure that all staff receive their annual fire training as per regulations.

Proposed Timescale: 01/05/2014

Theme: Safe Care and Support

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

Emergency lighting was outside of its annual service schedule.

Action Required:

Under Regulation 32 (1) (c) (iv) you are required to: Make adequate arrangements for the maintenance of all fire equipment.

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

1. Emergency lighting that was outside of its annual service schedule was completed on 24/03/14.

Proposed Timescale: 24/03/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The provider had not put sufficient arrangements in place to ensure the safe management of medication. For example, the full medications policy had not been updated since 2009 and it did not give adequate guidance to staff; there was insufficient evidence that all resident records / prescription charts had been reviewed by the general practitioner every three months; the maximum dose for PRN (as required) medication was not always prescribed; administration of medication was not always in line with An Bord Altranais guidelines.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable

practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Resident's medications are to be reviewed on continuous base three monthly, both in medical files as well as cardex's, going forward we will ensure same is completed.

A policy for anti-coagulant medication was completed and implemented immediately.

Medication Management policy to be updated in conjunction with the pharmacy. Staff training is updated regularly throughout the year.

Proposed Timescale: 01/08/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

There was no evidence to show that residents or their representative had been consulted in the review of the resident's care plan.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

1. Going forward care plans which are reviewed in consultation with family and residents will be recorded to show evidence of same.

Proposed Timescale: 01/08/2014

Theme: Effective Care and Support

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

Some care plans did not reflect the changing needs of the resident. The centre's practice for the review of residents requiring restraint did not reflect the centre's policy.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

1. Going forward we will ensure the residents changing needs are recorded in their care plans
2. OT assessment for review of resident restraint has been already completed as per policy documentation of nursing home and will be going forward.

Proposed Timescale: 01/08/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Not all staff had received mandatory training.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

1. Mandatory training being updated/completed at present.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

The centre's recruitment policy did not include the requirements of the Regulations, for example it did not identify the correct number of references required.

Action Required:

Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

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

1. Recruitment Policy presently being updated.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

Staff files examined did not have the requirements as set out in Schedule 2 of the

Regulations.

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:

1. All staff files to be brought up to date.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

There were no procedures in place for verifying the authenticity of references.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

1. Contact will be made with previous employers to ensure the authenticity of staff references.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

References were not obtained from some staff's previous employer.

Action Required:

Under Regulation 18 (3) (a) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are of integrity and good character.

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

1. Going forward we will ensure that when references are received from staff that they will be obtained from previous employers. Recruitment policy currently being updated will reflect same.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

There was no evidence of Garda vetting for volunteers.

Action Required:

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

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

1. Garda clearance's for all volunteers were in process of being obtained during the time of inspection but the nursing home had no copies of same which were sent off for vetting. Going forward all copies of Garda vetting forms will be kept on file.

Proposed Timescale: 01/08/2014

Theme: Workforce

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

There was no written agreement in place between the centre and the volunteers regarding their roles and responsibilities in the centre.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

1. Written agreements about the roles and responsibilities of volunteers in the nursing home are currently being processed.

Proposed Timescale: 01/08/2014

