

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ard Na Gréine Services
Centre ID:	OSV-0005537
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 05 September 2017 09:00 To: 05 September 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 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 03 March 2017. Six actions were identified following the previous inspection, the inspector found that four of these actions had been addressed and that two actions had not been appropriately addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. The inspector also spoke with four staff members, including the person in charge and an area manager. The inspector observed interactions between residents and staff and work

practices. Documentation such as personal plans, risk assessments, staff files, policies, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a large two storey house that accommodated up to four residents who have an intellectual disability. Each resident had their own bedroom which was warm, comfortably furnished and decorated with personal effects. Residents were also assisted to have soft furnishings within their bedroom decorated with the crest of their favourite football teams. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was a large patio area for residents to enjoy and suitable transport was made available to support residents to access the community.

Overall judgment of our findings:

This inspection found that a good quality service was provided to all residents in the designated centre and that residents were treated with dignity and respect.

Outcomes including communication, family and personal relationships, general welfare and development, medication, governance and management, absence of the person in charge, resources and records were found to be in compliance with the regulations. However, the inspector also found that some improvements were required in relation to outcomes including resident's rights and dignity, health and safety, safeguarding, notification of incidents, statement of purpose and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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:

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre. However, improvement was required to the management of complaints within the designated centre.

The inspector observed staff members interacting with residents in a warm and friendly manner and residents appeared relaxed in the company of staff. The centre had easy-to-read information on display in regards to residents' rights and the person in charge stated that residents would be supported to register to vote if they wished.

There was a policy on complaints and information on making a complaint. This included the people nominated to manage complaints in the centre. The person in charge maintained a log of complaints which included the actions taken to resolve any issues which were raised; however, the inspector noted that a resident had not received feedback in regards to the outcome of a recent complaint.

The inspector observed that residents were consulted on the day of inspection in regards to their choice of meals and how they wished to plan their day. Minutes were also available for review of residents' meetings which occurred on a monthly basis where topics such as activities, complaints, fire safety, and outings were discussed.

Accurate records of residents' personal finances were also maintained within the centre. Each resident had a record of all income and expenditure which were evidenced by receipts and signed by staff members who had assisted the resident with their transactions. The person in charge also conducted regular audits of each resident's bank

statements and all cash transactions within the designated centre.

Staff were guided by intimate care plans which detailed any areas of assistance which residents may require in regards to their personal care. These plans were also found to promote residents' independence in regards to their personal care needs.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that good communication with residents was promoted in the designated centre.

The provider had a policy on communication in place and staff were found to have a good knowledge of the communication needs of residents. Both residents had been reviewed by speech and language therapy and communication plans and passports were in place to guide staff in this area of care. Each resident's communication plan was individualised and staff were found to have received appropriate training to respond to those needs.

The inspector was also able to effectively communicate with one of the residents using their communication aid and the residents detailed their likes and dislikes and the range of activities that they preferred to engage in. Residents also had access to the internet, radio and television.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were supported to have links with their families and communities.

The designated centre had a policy in place in relation to visitors and there were an adequate number of reception rooms available for residents to meet with family and friends in private. Each resident's personal plan included detailed logs of the resident's contact with their family, including visits, time spent at home and outings together.

The centre had a visitors book, which was updated as required, and the person in charge indicated that a resident's family had recently attended the designated centre for dinner.

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):

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection had been addressed with an updated safety statement and risk register now in place. However, the inspector also found that some improvements were required to fire precautions in the centre.

Staff within the centre had received fire safety training and were conducting regular fire drills. These demonstrated that all residents could be safely evacuated in a timely manner from the designated centre. Procedures to be followed in the event of a fire were on display and staff were conducting regular audits of fire precautions such as emergency lighting, fire extinguishers, fire doors, emergency exits and the fire alarm. The fire alarm, emergency lighting and fire extinguishers were also found to be serviced as required.

Residents were supported to evacuate the centre through the use of personal

emergency evacuation plans (PEEPs) and staff were supported in the overall evacuation of the centre by a centre emergency evacuation plan (CEEP). Residents' PEEPs clearly outlined how the residents would evacuate the centre, which included the use of cue cards, and staff members were found to have detailed knowledge of these PEEPs. The CEEP stated that in the event of a fire that staff were to refer to the fire panel to determine its location; however, staff on duty were unable to explain to the inspector how they would find the location of a fire by referring to the fire panel.

The person in charge maintained a record of all adverse events within the centre and the inspector found that these incidents had been responded to in a prompt manner. The person in charge also maintained a risk register and detailed individual risk assessments within the centre. Each identified risk assessment had been risk rated and included all available controls to mitigate the identified risk.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, the inspector found that the provider has systems in place to protect residents from potential abuse. The action from the previous inspection had been addressed with information available in regards to identifying and reporting any allegations of abuse.

The provider had a policy on safeguarding residents from potential abuse. The centre had information on display in regards to the nominated person to manage any allegation of abuse. Staff within the centre could identify this person and could clearly articulate the procedures used within the centre to report any allegation of abuse.

One resident had a positive behavioural support plan in place which, although still active, was rarely used by staff since the resident had been admitted to this designated centre. The resident was no longer under the care of a behavioural support specialist and there had been a marked reduction in behaviours of concern following admission to

this centre. The inspector also noted that safeguarding plans, which had been in place prior to this resident's admission to the centre, were no longer required.

The centre had a restrictive practice in place in regards to alerting staff when a resident opened certain doors within the centre. The person in charge maintained a log of its use and the use of this restrictive practice had also been risk assessed. However, the inspector found that consent for the use of this restriction had not been sought from the resident or their representative. The inspector also found that the restrictive practice had not been referred to the provider's human rights committee, as required by the provider's policy on the use of restrictive practices.

Judgment:

Substantially Compliant

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 Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the person in charge maintained a record of all submitted notifications to the Health Information and Quality Authority (HIQA). The person in charge had a good knowledge of the notifications to be submitted as detailed in the regulations and the required timelines for their submission. However, the person in charge failed to include the use of a restrictive practice on a quarterly notification which was submitted to HIQA.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were supported to access further education, training and employment.

Each resident attended day services throughout the working week and were offered opportunities to relax and engage in recreational activities in the designated centre. One resident was supported to attend martial arts classes and also volunteered in a local animal sanctuary. Both residents had a strong interest in football and were attending an international match on the day of inspection. Both residents were members of the Ireland national team supporters club and were availing of the supporters' bus to attend the match.

The person in charge indicated that the future educational and developmental needs' of residents would be discussed at the residents upcoming planning meetings which was scheduled to occur in the weeks following the inspection.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

On the day of inspection, the inspector found that the designated centre had suitable practices in place for the prescribing and administration of medications.

The inspector reviewed a sample of prescription sheets and found that they contained relevant information to support staff in the safe administration of medications. Medication administration recording sheets also indicated that medications within the centre had been administered as prescribed.

Staff had received training in the safe administration of medication and could clearly identify the steps to be taken to ensure that medication was administered as prescribed. Staff could also explain the procedures to be followed in the event of a medication administration error occurring.

Residents had not been assessed to self-medicate in this designated centre; however, the person in charge indicated that this would be discussed with the residents' and their representatives at an upcoming individual personal planning meeting.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, the inspector found that the provider had produced a statement of purpose which outlined the service provided in the centre. This document contained most aspects of the Schedule 1 of the regulations; however, the statement of purpose did not contain accurate details of the staffing complement in full-time equivalents. This issue was also raised on the previous inspection of this centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the provider had appropriate governance and management systems in place.

The provider had appointed a full-time person in charge who also was involved in the management of another designated centre. The person in charge had a good understanding of the regulations and of the notifications to be submitted to the chief inspector. The person in charge had some protected time to carry out their duties and they attended the designated centre on a regular basis.

The person in charge was overseeing and conducting regular audits of medications, fire safety and residents' finances. The person in charge had also completed an audit of Outcome seven which had similar findings to this inspection report. As this is a recently registered designated centre, the annual review and a six monthly audit had not yet occurred; however, the provider and the person in charge were aware of the requirements of the regulations to carry out these audits.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

One the day of inspection, the inspector found that the provider was aware of the requirement to notify the chief inspector in some circumstances when the person in charge may be absent from the designated centre. The provider also had management structures in place which ensured sufficient oversight of the designated centre when the person in charge was absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre was adequately resourced to meet the assessed needs of residents. The staffing complement and transport arrangements facilitated residents to access the community and engage in activities of their own preference.

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):

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

Findings:

On the day of inspection, the inspector found that the staffing arrangements were meeting the assessed needs of residents.

The action from the previous inspection in relation to staff training had been addressed with all staff up-to-date with their training needs. However, the action in relation to staff employment histories had not been addressed. The inspector also found that some improvements were required in regards to the staff rota.

The person in charge maintained a planned and actual staff rota. This clearly stated the staff member on duty and their start and finish times. However, the staff rota on the day of inspection had inaccuracies in relation to where two staff members were scheduled to work.

The person in charge was conducting regular support and supervision and staff had completed training in areas such as modified diets, sign language, fire, safeguarding,

medications, manual handling and behavioural support. A sample of staff files were also reviewed and found that they did not contain all the requirements of Schedule 2 of the regulations, with deficits found in regards to employment histories.

There were no volunteers in place on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that records and documentation in the centre were maintained to a good standard and supported staff in the delivery of care to residents.

The provider had maintained copies of all the required policies as listed in Schedule 5 of the Regulations in the designated centre. The requirements of Schedule 3 were also found to be present in the centre.

Judgment:

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0005537
Date of Inspection:	05 September 2017
Date of response:	27 September 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure that a resident was informed as to the outcome of their complaint.

1. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed

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

promptly of the outcome of their complaints and details of the appeals process.

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

The service user was informed of the outcome and the complaints record was updated.

Proposed Timescale: 10/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure that staff members were able to determine the location of a fire in the designated centre.

2. Action Required:

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

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

The alarm company has been contacted to supply a data sheet with the different zones outlined. This will be displayed beside the alarm panel with staff being informed of this via the communication book and staff meeting.

Proposed Timescale: 06/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The provider failed to ensure that consent had been sought for the use of a restrictive practice. The provider also failed to ensure that a referral had been made to the human rights committee in regards to the use of the restrictive practice.

3. Action Required:

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

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

On review of the risks to the service user currently living in the house, the Person in Charge has removed the restrictive practice with immediate effect. The service user

and family have been informed that the restriction was removed.

Proposed Timescale: 06/09/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge failed to notify the chief inspector in regards to the use of a restrictive practice.

4. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

This was an error on behalf of the Person In Charge. The restriction is now removed as per outcome 8.

Proposed Timescale: 06/09/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure that the statement of purpose contained an accurate account of the of the total staffing complement in full-time equivalents.

5. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be updated to provide an accurate account of the total staffing complement in situ in WTEs.

Proposed Timescale: 06/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The person in charge failed to ensure that all requirements of Schedule 2 of the regulations were in place.

6. Action Required:

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

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

The Human Resources Department has been notified of this outcome in order to ensure that all information is updated according to Schedule 2.

Proposed Timescale: 06/10/2017

Theme: Responsive Workforce

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

The person in charge failed to maintain an accurate staff rota.

7. Action Required:

Under Regulation 15 (4) 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:

The staff rota has been amended to provide an accurate reflection of ongoing staffing activity.

Proposed Timescale: 10/09/2017