

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballinderry Nursing Home
Centre ID:	ORG-0000318
Centre address:	Kilconnell, Ballinasloe, Galway.
Telephone number:	090 968 6890
Email address:	ballinderrynursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mary Noone
Provider Nominee:	Mary Noone
Person in charge:	Katherine McGinty
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	12

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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2014 10:00	04 March 2014 18:00
05 March 2014 09:30	05 March 2014 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
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 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident and accident logs, policies, procedures and staff files. The inspector also reviewed resident and relative questionnaires received during the inspection. As part of the registration renewal process, discussions took place with the provider, person in charge and operations manager.

The centre is currently registered for 50 residential places and the provider had

applied to register 47 residential places. During the inspection, the provider informed the inspector that she wished to change this to 48 places and resubmitted an updated application form to reflect this change.

On day one of inspection there were 38 residents living in the centre, 17 of whom were of maximum dependency, 8 high dependency, 7 medium dependency and 6 low dependency.

The inspector found that the provider and person in charge demonstrated their commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Evidence of good practice was observed in a number of areas of the service although improvements were also required. The provider and the person in charge had been working with staff to address the required actions identified on the last inspection. There were 24 required actions from the previous action plan, 14 of which had been addressed. While the remaining actions were in the process of being completed, these actions were not completed within the timeframes agreed with the Authority.

Both residents and staff commented on positive changes that had been made in the centre which had resulted in improved service provision. Residents were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected by staff. Residents had greater opportunity to participate in recreational opportunities and plans were in progress to improve activities available to suit the capabilities of residents with higher dependency levels. There was a good standard of catering and residents were offered choices at mealtimes.

Healthcare needs of residents appeared to be met and residents had good access to general practitioner (GP) services and to allied health professionals. Residents' care plans had been reviewed and updated since the previous inspection, although further improvement was required to aspects of the care planning documentation to reflect the current needs of some residents and staff practice. There were safe procedures for medication management. The provider and person in charge had put systems in place to safeguard residents from abuse although some improvement was required.

Adequate staffing levels and skill mix were on duty to meet the needs of residents. Staff rosters viewed confirmed that the person in charge continued to utilise agency staff to ensure adequate staffing levels and skill mix was now consistently maintained. Procedures were in place for the recruitment, selection and vetting of staff although some improvements were required.

The centre was warm and there was a good standard of cleanliness observed. Some improvement was required to the systems in place to promote the safety of residents.

The findings are discussed further in the report and improvements required are included 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider further updated the statement of purpose during the inspection and the revised version complied with the Regulations and accurately reflected the service provided. The statement of purpose had been made available to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' contracts of care and found that there were agreed written contracts in place which included details of the services to be provided for each resident. However, the fees to be charged for additional services that were at an extra cost were not specified in the individual residents' contracts.

Also, a condition within the contract did not meet all the requirements of the Regulations. The condition was contrary to the insurance cover requirement as set out in Regulation 26 (2).

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:

There was no change to the role of person in charge since the last inspection.

The person in charge had continued to develop her clinical knowledge since the last inspection and demonstrated an understanding of her legal responsibilities under the Regulations and Standards.

She had engaged in continuous professional development and was well known to residents, relatives and staff. Throughout the inspection process she showed strong commitment to delivering good quality care to residents and to improving the service delivered.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that records listed in Part 6 of the Regulations were maintained in a

manner so as to ensure ease of retrieval, although improvement was required to the completeness and accuracy of some records.

The directory of residents did not comply with all the requirements of the Regulations. The name and address of any other body or organisation that arranged the resident's admission had not been included in the register as required in Schedule 3 of the Regulations. The person in charge endeavoured to keep the information in the directory of residents up to date including residents' admission dates and next of kin details. However, some required information was not consistently documented such as transfer details, the telephone number of the resident's general practitioner (GP) and time and cause of death.

The provider had put in place an up-to-date insurance policy for the centre which included cover for residents' personal property. However, this did not comply with the all the requirements of the Regulations. The insurance policy provided cover for residents' personal effects but did not indicate if a maximum liability of up to €1000 per item per resident was covered as specified in the Regulations.

During the inspection sufficient evidence was not available to confirm that out-sourced providers had appropriate insurance in place.

The inspector requested to view a sample of Schedule 5 policies and all were made available during the inspection. A number of policies had been reviewed since the last inspection, which now included more detailed evidence based practice. Some other policies had not been reviewed and required improvement including policies on abuse and residents' personal property and possessions. The inspector also noted that some other policies including the policy on end-of-life care had not been fully implemented. These policies are discussed in further detail under the related Outcome 6, 14 and 18.

The Residents' Guide had been made available to residents but did not comply with some requirements set out in the Regulations. The Guide did not include an accurate summary of the statement of purpose and the Chief Inspector contact details.

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:

The provider was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge. To date the person in charge had not been absent from the centre for a period of time that required notification.

Adequate arrangements were in place for the management of the centre in the absence of the person in charge. The assistant director of nursing (ADON) continued to provide this cover. The ADON was on annual leave during the inspection. Inspectors had spoken with her on previous inspections and found that she had demonstrated knowledge of the legal responsibilities of the person in charge. The inspector noted on this inspection from training records that the ADON had maintained her professional development.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse although some improvement was required.

The inspector viewed the policy on abuse and found that it did not include sufficient guidelines on how to report and carry out an investigation into an allegation of suspected or confirmed abuse.

Staff spoken with during the inspection outlined what they would do if they suspected abuse. The inspector viewed training material which confirmed that an ongoing education programme was implemented in this area.

Systems were in place to manage residents' finances and provide protection to residents although some improvement was identified. An inspector reviewed the arrangements for the safekeeping of residents' monies and valuables and found that they were kept in a secure manner and that balances tallied with records maintained. While there was some efforts made to obtain residents' signatures this had not been completed for all residents where possible. The inspector also noted that the policy on residents' personal money and property had not been updated since 2010 and did not reflect some current practice.

Residents spoken with and those who had completed questionnaires commented that

they felt safe in the centre mainly due to the premises being kept secure.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider, person in charge and operations manager had made significant improvements in the management of risk and specific risks raised on previous inspections had now been addressed. Measures had been implemented to promote and protect the safety of residents, staff and visitors to the centre, however, some further improvements were required.

While staff spoken were familiar with the centre's procedures on fire evacuation, not all staff had received up to date formal fire training or attended a fire drill. The inspector noted that prior to the inspection, the person in charge had arranged and prioritised for staff to attend fire training on 21 March 2014. Records viewed confirmed that most staff had attended fire safety training during February 2013 and July 2013.

The provider had taken other measures to promote the safety of residents in the event of fire. Since the previous inspection the provider had arranged for alternative mechanisms to be fitted to some residents' bedroom doors which had previously been wedged open. The inspector also noted that in response to correspondence from the Fire Authority, the provider had carried out necessary fire safety works. The inspector found that there was an effective programme in place for servicing and checking of fire safety equipment. The inspector also read records which demonstrated that internal safety checks were completed.

There was a risk management framework in place which included a health and safety statement, a risk management policy and a risk register. Formal arrangements and precautions had now been established for specific risks identified in the Regulations including resident absence without notice and assault. Arrangements had also been documented for the identification, recording, investigation and learning from serious incidents. Since the last inspection, a health and safety committee had been established and a staff member appointed as the safety representative. Meetings had taken place and the safety representative confirmed that a range of risk-related matters were discussed and addressed.

There was evidence that clinical and environmental risk assessments had been reviewed

since the previous inspection. The inspector noted that risk assessments had been completed for areas within the centre and the external environment. Hazards within areas including the medication room, dining room and day rooms had now been formally assessed and adequate controls put in place to manage associated risks. Residents at risk of absconsion were now assessed and there had been no further incidents of absconsion. The inspector also noted that the ramp which formed part of an external fire escape had now been completed to a safe standard.

Since the previous inspection, apron and glove dispensing wall-mounted units had been fitted along some corridors. The inspector noted that the disposable plastic aprons and gloves were not securely stored in these units and this posed a potential risk to some mobile residents with dementia. During the inspection the operations manager started to complete a formal risk assessment on these units.

An emergency plan was in place which identified what to do in the event of emergencies such as loss of electricity and heating, however, the plan did not clearly identify what to do in the event of some emergencies such as disruption to the water supply. The inspector noted that the emergency plan clearly outlined alternative arrangements for the evacuation of residents from the building in the event of an emergency including details of transport arrangements for residents and alternative accommodation.

The inspector observed staff using safe practices to assist residents to mobilise. Staff spoken with and training records viewed confirmed that staff had received adequate training in moving and handling. Up to date manual handling assessments had been carried out for residents.

The inspector observed that the standard of cleanliness in the centre had significantly improved since previous inspections and there were measures and policies in place to control and prevent infection. The inspector spoke with housekeeping staff and found that they were knowledgeable of infection control precautions and clearly described their roles and responsibilities. Staff and management confirmed that a new cleaning chemical system had been implemented. Residents and relatives spoken with and who had completed questionnaires issued by the Authority were satisfied with the level of cleanliness in the centre. However, the inspector noted that mops buckets were filled and emptied from the sluice room and this did not promote best practice in infection control.

A system had been implemented to monitor visitors to the centre in order to ensure the safety of residents which included controlled access, use of closed-circuit television (CCTV) and the completion of a visitor's book.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Medication management practices were safe although some improvement was required to the processes in place to direct and support practice. Specific areas that had required improvement on the last inspection relating to the medication management policy, administration of medications and medication records were addressed.

The inspector read that centre-specific procedures were now in place on areas including medication administration, recording, disposal of medications and procedures for crushed medications. However, there was no procedure on the administration of as required medications (PRN).

There was a system in place for the recording and management of medication errors. The inspector was informed by staff that there had been one medication error since the last inspection. Although staff outlined clearly the actions taken in response to this error sufficient details had not been recorded on the medication form.

The inspector noted that residents' prescription and administration sheets contained required information and the sample viewed were now completed in line with professional guidelines. The inspector reviewed a sample of residents' medical notes and found that residents' health needs were being monitored. Residents' medications were regularly reviewed and an out-of-hours GP service was available to residents.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The inspector saw that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

The person in charge had started to implement systems to review medication management practices. For example, the person in charge completed a weekly check of medication records and followed up on areas that required improvement. Since the last inspection a pharmacy audit had also been completed. There was also evidence that nursing staff had attended medication management training and that further training had been planned.

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:

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

Findings:

Practice relating to the recording of incidents had improved and notifiable events had been submitted to the Chief Inspector as required. The previous action that related to the requirement to maintain a record of all incidents and include relevant details pertaining to the incident had been addressed.

The inspector found that details of the incident were adequately documented including actions taken. Since the last inspection the person in charge had implemented a monitoring system for the purpose of reducing the likelihood of re-occurrence.

The person in charge demonstrated her knowledge of her legal requirement to notify the Chief Inspector of specific incidents. From the sample of records reviewed the inspector was satisfied that a record of all incidents that had occurred were now maintained and, where required, notified to the Chief Inspector.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Systems had been implemented to review and develop the quality of care and residents' experience on an ongoing basis and there was evidence that an audit plan had been developed for 2014.

The person in charge had started to implement a system to collect and audit information on clinical matters including nutritional management, care planning and falls. The results from recent audits had been discussed with staff during staff meetings and there was evidence that findings had been used to improve the quality of service and safety of residents. For example, in response to findings from the falls audit the person in charge reviewed staff rosters and staff break times and made adjustments to ensure adequate supervision arrangements were in place. The inspector noted that there had been an overall reduction in the number of falls and that the completion of incident reports had improved.

Other areas of the service that had been reviewed since the last inspection included health and safety.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The health needs of residents appeared to be met and residents had good access to medical care including an out-of-hours GP service and allied healthcare services when required. Overall, the inspector saw that significant improvements had been made in addressing issues identified on previous inspections that related to areas including falls management, care planning and provision of recreation opportunities for residents. The inspector found that, while the standard of care planning had significantly improved some elements did not reflect the good care provided to residents or provide sufficient information to guide staff. Further improvements were required to the management of the use of restraint and potential behaviours that challenge.

The inspector reviewed a selection of residents' files, including the files of residents with potential behaviour that challenges, a form of restraint in use, compromised skin integrity, nutritional needs and at risk of falling. An electronic system of care planning had now been implemented and staff had received training on the use of this system. A

paper based system had also been maintained as back up in the event of information technology (IT) failure.

While comprehensive nursing assessments were completed they were not consistently reviewed to identify changing needs to the residents' activities of daily living. The inspector noted that a range of additional risk assessments had been completed. Most assessments were used to develop care plans that were individualised and described the care to be delivered although some care plans contained generic interventions. With the exception of the comprehensive assessment, assessments and care plans were reviewed three monthly or as required by the residents' changing needs. The inspector read evidence to demonstrate that a process had now been implemented to involve residents and or their representatives in the development and review of the care plans, where possible.

Restraint Management

The centre's policy on restraint had been reviewed in October 2013 but did not adequately reflect and guide staff practice. The inspector found that although improvements had been noted, there were some gaps in the assessment and care planning process on the use and management of restraint. While assessments for the use of restraint had been completed for residents with a restraint measure in use, some had not been fully completed and some associated care plans did not include adequate instruction to guide staff practice. There was evidence that alternatives had been considered and recorded prior to the use of restraint, however, this had not been completed in all cases. The inspector noted that where restraint was used monitoring measures had now been adequately implemented.

Behaviour that Challenges.

While arrangements were in place to manage potential behaviour that challenges, specific issues identified on previous inspections had not been adequately addressed. Improvement was still required in the assessment and care planning process. The inspector noted that associated care plans for residents with potential behaviours that challenge were inadequate to provide appropriate guidance to staff. For example, some care plans did not include a description of the behaviour and possible triggers. In one case there was no care plan in place. The policy on behaviour that challenges did not adequately inform practice. For instance, a formal assessment of this behaviour had not been consistently completed. The inspector noted that there was input from psychiatric services, where required.

Wound Care Management

While there was good practice in areas of wound management improvements were still required to the associated care planning documentation in order to adequately guide staff practice and ensure continuity of care. The inspector noted that one resident's wound assessment had not been completed when required and a different resident with a wound did not have an associated care plan in place to inform staff practice. Policies and guidelines on the prevention of pressure ulcers and wound care were now readily available to staff. The person in charge had utilised tissue viability services and assistive devices were used correctly to promote pressure relief. The related area of nutritional management is discussed under Outcome 15.

Falls Management

Adequate falls prevention measures had been implemented for residents assessed at high risk of falling and associated documentation had improved to support the safety of some residents. On this inspection, the policy on falls prevention and management was available. The inspector noted that a system had now been implemented to review residents associated assessments and care plans following a fall and this was evident in practice.

Activity Provision

The inspector noted continued improvements had been made in the provision of opportunities for social care. The inspector saw staff interacting respectfully with residents and residents that spoke with the inspector and completed the Authority's questionnaires were complimentary of staff and management. There was greater opportunity for residents with communication and other sensory difficulties to participate in suitable activities based on their capabilities. A staff member was allocated to facilitate daily activities and the inspector saw residents' participating in the physiotherapy exercise programmes that had been tailored to the residents' level of ability. The inspector noted that there was greater inclusion of residents that spent most of their time in their bedrooms. Since the previous inspection, the person in charge had increased the availability of activity provision including Sonas (a programme of therapeutic activity focused on promoting communication, especially for people with dementia).

The inspector noted that various events and social occasions had taken place since the last inspection. During the inspection a local school visited residents and provided entertainment which many of the residents confirmed that they had really enjoyed. The inspector noted that residents' social needs had now been assessed and care plans completed to inform activity provision. The inspector also read that a 'key to me' had been well completed for residents since the previous inspection which included information such as residents' preferred interests.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector saw that the provider had implemented a programme of renewal and a development plan. Since the last inspection parts of the centre had been repainted and new work-counters had been fitted in the laundry room. As highlighted in a previous inspection report, the provider informed the inspector that she planned to extend the centre in order to improve facilities for residents and staff. The provider stated that she planned to complete this project before 2015.

While the premises was homely and comfortable, there were some structural issues noted. Some multiple occupancy bedrooms were in use and one residents' toilet/shower room was not readily accessible and did not fully support residents' independence. The person in charge reported that the more independent residents used this toilet and shower.

Communal spaces were available to residents including two day rooms, dining room, an oratory and smoking room.

A maintenance person was employed. Maintenance records demonstrated that that ongoing remedial works were now being attended to in a timely manner.

The inspector saw that call bells were readily accessible to residents. Appropriate assistive equipment was provided to meet residents' needs including hoists, specialised beds and pressure-relieving mattresses. Since the previous inspection the provider had purchased assistive equipment including an additional hoist and low low beds. A sample of servicing and maintenance records viewed confirmed that specialised equipment had been serviced when required and were maintained in good working order.

The inspector noted that adequate storage space was available for equipment when not in use. An unoccupied two-bedded room close to the dayrooms was used as a storage room. During the inspection the provider informed the inspector that she planned to convert this room back into a two-bedded room and intended to use another empty bedroom in a different location of the centre for storage of equipment. The inspector informed the provider that this alteration would be reviewed on future inspection to ensure that this did not create any negative outcomes for residents as the unsafe storage of some equipment had been an issue on a previous inspection.

Kitchen and laundry facilities are discussed under Outcomes 15 and 17.

Outcome 13: Complaints procedures

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:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Formal arrangements were in place for responding to complaints including the implementation of a complaints policy and procedure although some improvement was required. The provider had partially completed the required actions from previous inspections.

The complaints policy and procedure did not comply with all the requirements of the Regulations. The complaints policy had been reviewed since the previous inspection but did not contain details of the nominated person to ensure that all complaints were appropriately responded to and records maintained. The appeals process was not clearly outlined in the complaints procedure and some information gave inappropriate instruction to the complainant in the event of raising a complaint.

The inspector reviewed a sample of complaints maintained in the complaints register and found that most complaints were dealt with promptly and the satisfaction level of the complainant was consistently documented. On day one of the inspection two complaints had not been addressed within the timeframes specified in the centre's complaints policy. Both were completed on day two of the inspection and appropriate actions had been taken.

Staff confirmed that all complaints were recorded and this was referenced in the complaints procedure displayed in the centre. Residents spoken with identified the person in charge or nurse on duty as someone they would speak with if they had any concerns.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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 found that the person in charge and staff regarded caring for a resident at end-of-life as an integral part of the provision of care. However, some improvement was required to ensure each resident's wishes were captured and informed their care plan as

required by the centre's own policy as identified under Outcome 11.

The centre policy on end-of-life had been updated in February 2014 and provided sufficient guidance to inform staff practice. The inspector noted that residents' end-of-life wishes had been discussed with a number of residents but this had not been consistently documented in some residents' care plans.

The person in charge and staff confirmed that palliative care support was provided by the local hospice team and advice had been obtained when required. Staff spoken with and training records viewed confirmed that some staff had received palliative care education and that further training had been planned.

The provider and person in charge also confirmed that accommodation and refreshments were available to a resident's family members during end-of-life care. The inspector noted that this was included in the centre policy on end-of-life and family members spoken with confirmed this to be the case.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were offered a wholesome and varied diet that included choice at mealtimes. The inspector noted that staff and management provided assistance to residents in a sensitive and appropriate manner. Most residents spoken with confirmed that there were daily meal choices and that if they changed their mind staff would provide a different meal.

Adequate measures were in place to ensure residents' dietary requirements were met. Information was maintained on residents' special dietary requirements and preferences. While on day one of the inspection a resident received a meal of a different consistency than recommended by the speech and language therapist (SALT) this issue was rectified immediately by the person in charge and chef.

Mealtimes were a pleasant and unhurried social occasions that enabled residents to communicate with each other and staff. Residents spoken with and who completed questionnaires were pleased with the standard of catering provided. The inspector saw

residents being offered snacks and a variety of refreshments throughout the inspection.

The person in charge had put in place appropriate arrangements to monitor residents' nutritional needs. A nutritional assessment tool was used to develop associated care plans. Residents' weights were monitored monthly and more regularly when necessary. The inspector noted that input had been obtained from residents' GP, dietician and SALT when required and recommendations were maintained in residents' files. The inspector also found that medication records showed that nutritional supplements were administered as prescribed. The person in charge and staff confirmed that the nutrition policy had been updated in January 2014 and a learning session for staff on the content of this policy had been completed.

The inspector noted that a nutritional group had been recently established. While no formal meetings had taken place yet a staff member on this team outlined to the inspector the remit of this team and how this would be used to further develop systems in place to ensure residents' nutritional requirements are continually met.

The inspector visited the kitchen and saw that it was maintained in a very clean and hygienic condition. There were adequate supplies of fresh and frozen food which were stored appropriately.

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:

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

Findings:

Residents' and or their representatives were consulted with and participated in the organisation of the centre. The inspector saw examples where residents' choice and their independence was promoted including the times they got up in the morning. Residents' privacy and dignity was respected and supported by staff. The provider had also addressed a required action from the previous inspection that related to the provision of adequate screening at some beds in shared rooms.

A residents' committee met approximately two-monthly. The inspector viewed the minutes of a sample of these meetings and found that topics including activity provision and various developments in the centre were discussed and feedback was sought from

residents. For example, discussions were held around the additional time that had been provided each day for activity. Residents' that spoke with the inspector commented on positive improvements made in the centre in recent months including greater opportunity to participate in social care.

Residents' political, civil and religious rights were supported. Residents had been offered the opportunity to vote at the most recent referendum. Some residents and staff spoken with confirmed that residents could attend mass monthly and on special occasions throughout the year if they wished. The person in charge informed the inspector that residents from all religious denominations would be supported to practice their religious beliefs.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents' personal property and possessions although some improvement was required to ensure the safe return of residents' clothes. A residents' property list were completed on admission but had not been maintained up-to-date.

Residents were encouraged to personalise their rooms. The inspector visited some residents' bedrooms and found them to be clean and with adequate storage space. Bedrooms were individualised with residents' own personal effects such as family photographs.

The inspector reviewed the laundry system and found that adequate measures were in place to ensure that residents' clothing was being cared for appropriately. Since the last inspection a new laundry sorting system had been implemented to reduce the spread of infection. The laundry room was also organised to limit the risk of cross infection between soiled and clean clothing. The room was well equipped and the staff member in the laundry demonstrated knowledge of her duties including infection control precautions. A system was in use for identifying residents' clothing which assisted in the safe return of clothes to 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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that there were adequate staffing levels and skill mix to meet the assessed needs of residents, and to the size and layout of the centre. Appropriate supervision arrangements were also in place during the inspection. Staff continued to have access to education and training but not all staff had received up-to-date mandatory training in fire safety and training on restraint management had not been provided. Adequate procedures were not in place to ensure that agency staff and volunteers were recruited and vetted in accordance with best recruitment practice.

The inspector viewed the recruitment, selection and vetting process. While the policy on recruitment, selection and vetting had been updated since the last inspection there was insufficient guidance on the use of agency staff in the centre. Confirmation was not available that agency staff that worked occasionally had the necessary information required in the Regulations including Garda Síochána vetting, three written references and sufficient evidence of mental and physical fitness.

A random sample of other staff files that were examined by the inspector contained all required information. The inspector also viewed a sample of An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff and found that all were in place.

Staff had attended some additional training since the last inspection in October 2013 in areas including food safety and Control of Substances Hazardous to Health (COSHH). As detailed in Outcome 7, mandatory training in moving and handling of residents had been provided and most staff had up to date training in fire safety. The person in charge showed the inspector that fire safety training had been scheduled on 21 March 2014.

A volunteer programme had implemented in the centre which provided a valuable service for residents. However, a written agreement had not been put in place for volunteers outlining their roles and responsibilities.

Throughout the inspection, adequate staffing levels and skill mix were on duty to meet the assessed needs of residents and the size and layout of the centre. The person in charge informed the inspector that in addition to factors including residents' dependency levels, she used a validated tool to decide on appropriate staffing levels. A review of staff rosters confirmed that staffing levels and skill mix had improved since the last inspection and the person in charge had re-organised staff deployment to better meet the needs of residents. There were two nurses on duty over the 24 hour period and the number of care assistants were adequately rostered during the day. The person in charge and manager were also rostered on duty five days a week and a senior nurse covered the role of the person in charge at weekends.

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:

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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:	Ballinderry Nursing Home
Centre ID:	ORG-0000318
Date of inspection:	04/03/2014
Date of response:	24/04/2014

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 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Contracts of care did not meet all the requirements in the Regulations.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

- 1) An addendum outlining the various services and their associated cost is given with the contract of care for services.
- 2) This list is currently on display on the notice board for residents and their families.
- 3) This list is now included with the residents booklet at time of enquiry.

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

4) Confirmation has been received from our insurers that our policy now meets the requirements of Regulation 26(2).

Proposed Timescale:

- 1) 23rd April 2014.
- 2) 23rd April 2014.
- 3) 23rd April 2014.
- 4) 6th March 2014.

Proposed Timescale: 23/04/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The Residents' Guide did not include an accurate summary of the statement of purpose and the contact details of the Chief Inspector.

Action Required:

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

1) Residents guide has been updated to comply with Regulation 21(1). This includes the Chief Inspector details.

Proposed Timescale: 23/04/2014

Theme: Leadership, Governance and Management

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

Some required information was absent from the directory of residents.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

- 1) Staff have been informed of the necessity to complete details in the Residents register as per Schedule 3 of the Regulations. This is effective since the 7th March. Compliance of this will be audited in 6 months.
- 2) Staff have been reminded to complete the Register in relation to points raised in the Inspectors report. The Nursing Home is not always notified of 'Cause of Death' e.g. death in an external hospital or in the event of an inquest.

Proposed Timescale:

- 1) 7th March 2014.
- 2) 7th March 2014.

Proposed Timescale: 07/03/2014

Theme: Leadership, Governance and Management

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

Some of the required information in the directory of residents was not up-to-date.

Action Required:

Under Regulation 23 (1) you are required to: Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.

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

- 1) As of the 7th March, Staff have been instructed on the information required for the Residents Register to ensure compliance.
- 2) With effect from 7th March the Residents Register is now up to date.
- 3) With effect from 1st May, only the Electronic Register will be maintained. Manual Register will be stored and retained in accordance to Regulation 23 (3).

Proposed Timescale:

- 1) 7th March 2014.
- 2) 7th March 2014.
- 3) 1st May 2014.

Proposed Timescale: 01/05/2014

Theme: Leadership, Governance and Management

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

Sufficient evidence was not available to confirm that out-sourced providers had appropriate insurance in place.

Action Required:

Under Regulation 26 (4) you are required to: Ensure out-sourced providers are appropriately insured.

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

1)Copies of out sourced providers insurance are on file.

Proposed Timescale: 23/04/2014

Theme: Leadership, Governance and Management

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

The insurance policy did not provide adequate cover for residents' personal effects as specified in the Regulations.

Action Required:

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

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

1)Evidence from the Nursing Home insurers confirms that we now meet Regulation 26 (2), and the statement of purpose/residents handbook have been amended.

Proposed Timescale: 07/03/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The policy on abuse did not include sufficient guidelines on how to report and carry out an investigation into an allegation of suspected or confirmed abuse and the policy on residents' personal money and property did not fully reflect current practice.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

1)The policy on the Prevention and Detection of Elder Abuse is currently being updated.
2)Residents personal property and possessions policy has been reviewed in line with evidenced based guidelines.

Proposed Timescale:

- 1) 1st May 2014.
- 2) 23rd April 2014.

Proposed Timescale: 01/05/2014

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:

The emergency plan did not clearly identify what to do in the event of some emergencies.

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:

- 1) The emergency plan has been reviewed and amended to clarify provision of water in the event of loss/contamination of water supply.

Proposed Timescale: 06/03/2014

Theme: Safe Care and Support

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

Some practices in use in the centre had not been adequately risk assessed.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

- 1) These units have been risk assessed and appropriate risk measures put in place.
- 2) The risk is reviewed monthly.
- 3) Residents have also been risk assessed.

Proposed Timescale:

- 1) 6th March 2014.
- 2) 6th March 2014.
- 3) 6th March 2014.

Proposed Timescale: 06/03/2014

Theme: Safe Care and Support

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

All staff had not received up to date formal fire training or attended a fire drill.

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) Fire Training took place on the 21st March.
- 2) Further sessions booked for September.
- 3) The Fire alarm system is tested weekly and fire drills are carried out on a quarterly basis.

Proposed Timescale:

- 1) 21st March 2014.
- 2) 30th September 2014
- 3) 21st March 2014.

Proposed Timescale: 30/09/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

While the medication management policy had been updated there was no procedure on the administration of PRN medication.

Sufficient details had not been recorded on a medication error form to confirm that appropriate actions had been taken in response to the error.

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:

- 1) A review of the medication policy has taken place.
- 2) Amendments currently being completed.
- 3) The medication error report form has been amended to include details of actions

taken in response to the error.
4)Information sessions for Staff then be held.

Proposed Timescale:
1)23rd April 2014.
2)30th April 2014.
3)23rd April 2014.
4)31st May 2014.

Proposed Timescale: 31/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The management of the use of restraint required improvement.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

- 1)The policy on Restraint management is currently under review to incorporate current practice within the centre.
- 2)Assessments and Care plans for Residents with Behaviour that Challenges are currently under review.

Proposed Timescale:
1)31st May 2014
2)31st May 2014

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

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

Aspects of the care planning documentation did not ensure that continuity of care was provided to some residents.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

- 1) All resident Assessments and Care plans are currently under review to ensure all residents needs are captured.
- 2) Meetings are being organised with residents together with their families or representative to discuss care plans and expected outcomes.

Proposed Timescale:

- 1) 31st May 2014.
- 2) 31st May 2014

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

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

The comprehensive assessment was not consistently maintained up-to-date and residents' current needs were not sufficiently captured in some care planning documentation.

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) Staff Nurses have been reminded to complete the comprehensive assessments as per Nursing Home policy and their obligations under the NMBI.
- 2) Care plans are currently under review to ensure all residents needs are captured.

Proposed Timescale:

- 1) 23rd April 2014.
- 2) 31st May 2014.

Proposed Timescale: 31/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There were some deficits in the physical environment including the use of multiple occupancy bedrooms and one residents' toilet was not readily accessible.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout

of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

- 1) A review has commenced of the current accommodation in line with the July 2015 requirements.
- 2) Work has commenced on the residents toilet/shower to improve accessibility.

Proposed Timescale:

- 1) 30th June 2014
- 2) 31st May 2014

Proposed Timescale: 30/06/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The complaints policy and complaints procedure did not comply with all the requirements of the Regulations.

Action Required:

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

- 1) The Complaints policy and procedure has been reviewed and updated to outline in appeals process.

Proposed Timescale: 23/04/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

Residents' property list were completed on admission but had not been maintained up-to-date.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

- 1)Residents personal property and possessions policy has been reviewed in line with evidence based guidelines.
- 2)Property lists are currently being recorded on the electronic system, and a hard copy given to residents.
- 3)This list is made available to the household staff to confirm any changes to property including clothing.
- 4)The Residents named Carer and the Housekeeper are required to verify the lists are correct twice per quarter.

Proposed Timescale:

- 1)23rd April 2014.
- 2)1st May 2014
- 3)1st May 2014
- 4)23rd April 2014.

Proposed Timescale: 01/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Confirmation was not available that an agency nurse working in the centre had the necessary information required in the Regulations including Garda Síochána vetting, three written references and sufficient evidence of mental and physical fitness.

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)The recruitment policy has been reviewed.
- 2)Supporting documentation has been sought from such staff to enable full compliance with Regulation 18(2)(Schedule 2).

Proposed Timescale:

- 1)23rd April 2014.
- 2)31st May 2014.

Proposed Timescale: 31/05/2014

Theme: Workforce

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

A written agreement had not been put in place for volunteers outlining their roles and responsibilities.

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)A contract for volunteers and job description has been introduced.

Proposed Timescale: 23/04/2014