

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oranmore Nursing Home
<b>Centre ID:</b>	ORG-0000374
<b>Centre address:</b>	Bushfield, Oranmore, Galway.
<b>Telephone number:</b>	091 792 301
<b>Email address:</b>	adminomnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Patrick Keane
<b>Provider Nominee:</b>	Patrick Keane
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	Patricia Tully
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

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

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

From: 07 May 2014 07:30 To: 07 May 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This single specific issue inspection was carried out following receipt of unsolicited information and to verify actions taken by the provider and person in charge in response to a provider lead investigation that had been requested by the Authority. The inspection focused on the statement of purpose, aspects of risk management and health care, food and nutrition, complaints management and staffing.

As part of the inspection, inspectors met with residents, the provider, the person in charge and staff members. Inspectors observed practices and reviewed documentation such as staff rosters, residents' care plans, and policies and procedures. Since the previous inspection, the provider had recently appointed a new person in charge on 28 April 2014 to cover the planned absence of the previous person in charge who was due to return to this position in November 2014.

Inspectors found that while the provider had taken actions in response to the unsolicited information that had been received by the Authority some required actions identified by the provider and previous person in charge that related to staffing, food and nutrition and risk management had not yet been completed. The inspectors also noted that the new person in charge was not aware of provider's stated response regarding actions that were being taken to address issues identified.

A recruitment plan had remained in place and inspectors found on this inspection that there were adequate staffing levels and skill mix to meet the assessed needs of

residents. However, a review of staff rosters confirmed that sufficient staffing levels and skill mix had not been consistently maintained on some shifts. The person in charge showed inspectors the planned roster for the week following the inspection and this indicated that adequate staff and skill mix were rostered.

Some good practice was noted in aspects of nutritional management, however, inspectors were concerned that some residents' on modified diets had been given unsuitable food and this increased their risk of choking. Inspectors found that there had been some slippage in the improvements that had been made and noted on the previous inspection regarding the completion of residents' care planning documentation. Some residents' care plans had not been updated to reflect their current needs.

While systems were in place to manage risk in the centre improvements were identified on this inspection that related to an aspect of fire safety and waste management. Improvements were still required in the management of complaints and the statement of purpose had not been adequately kept under review.

The issues identified during the inspection were discussed with the provider and person in charge. The non-compliances are discussed in the body of the report and included in the Action Plan at the end of this report. The provider's response to the action plan has been deemed unsatisfactory by the Authority despite affording the provider two attempts to submit a satisfactory response.

**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

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose did not comply with all the requirements of the Regulations on this inspection.

The provider had not kept the statement of purpose under review to reflect changes to staffing including the numbers of whole time equivalent nursing staff and the current arrangements regarding the availability of day care in the centre. The statement of purpose was updated during the inspection to reflect recent changes to the organisational structure.

**Judgement:**

Non Compliant - Moderate

**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

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

**Findings:**

On this inspection practices in relation to the management of waste, access to the centre and storage of the medication trolley were reviewed. An additional issue was noted by inspectors in one aspect of fire safety. Other aspects relevant to this outcome were not reviewed during this inspection.

Adequate fire safety precautions were not in place in one area of fire safety. Inspectors

observed that some fire doors did not close automatically which posed a risk to residents as these fire doors would be rendered ineffective in the event of a fire. This risk was brought to the attention of the provider and person in charge. The provider confirmed that this action would be prioritised.

Inspectors found that systems were in place to manage waste disposal from the centre although improvement was required. An inspector found that general waste was incorrectly disposed in a clinical waste bin. Findings from the provider lead investigation had indicated that the maintenance person monitored waste disposal but in practice this had not been sufficiently implemented. An inspector also noted that improvement was required to the disposal of unused medications. This is discussed further under Outcome 8.

Controlled access to the centre remained in place and staff exercised vigilance when visitors entered the centre. The provider and person in charge were in the process of recruiting an administrator for a vacant post that had arisen since the last inspection. The person in charge confirmed that when appointed the administrator would be stationed at the reception desk in the entrance lobby.

Inspectors saw that the medication trolley was not left unattended by nursing staff during the inspection.

**Judgement:**

Non Compliant - Moderate

***Outcome 08: Medication Management***

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

**Theme:**

Safe Care and Support

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

**Findings:**

Disposal of medication was reviewed on this inspection. Other aspects relevant to this outcome were not reviewed during this inspection.

An inspector reviewed nursing staff practice in relation to the disposal of medication and found that improvement was required to ensure adherence with the centre policy and professional guidelines. The inspector noted that some unused medications were inappropriately disposed of into the sharps bin and all nursing staff were not familiar with the relevant procedures relating to the disposal of medication.

**Judgement:**

Non Compliant - Moderate

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**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

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

**Findings:**  
An inspector reviewed a residents' satisfaction survey that had been completed on 2 April 2014. Other aspects relevant to this outcome were not reviewed during this inspection.

As part of the provider lead investigation the provider and previous person in charge had facilitated the completion of this survey. However, the findings from this survey had not yet been reviewed. An inspector noted that, while good practice had been acknowledged by residents in some areas, a number of residents had graded aspects of the service provision as 'poor'.

**Judgement:**  
Non Compliant - Moderate

**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

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

**Findings:**  
Care planning relating to nutrition was reviewed under this outcome. While a nutritional assessment tool was used to develop associated care plans, some residents' care plans had not been reviewed to reflect the current nutritional requirements of these residents. Other aspects relevant to this outcome were not reviewed during this inspection.

**Judgement:**

Non Compliant - Moderate

**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

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

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

**Findings:**

Formal arrangements remained in place for responding to complaints although improvements were required. The provider had not addressed 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 not been reviewed since the last inspection and issues that were outstanding on the previous inspections had still not been addressed. For example, a second nominated contact person had not been delegated to ensure that complaints were properly responded to and recorded by the appointed persons.

The complaints procedure had not been updated to reflect recent changes to the complaints process. The current person in charge was the complaints officer but this had not been amended in the procedure.

An inspector viewed the complaints register and found that one complaint had been received since the last inspection. The inspector read that this complaint had been investigated in accordance with the centre's policy on complaints. However, a previous complaint had not been finalised. The outcome of a scheduled meeting with relevant parties had not been documented and the satisfaction level of the complainant with the outcome of the investigation had not been recorded.

While staff stated that any complaints received were reported and recorded some residents that spoke with inspectors raised concerns that had not been documented in the complaints register. One of these residents commented that on several occasions they had told staff that a dining room table was unsteady but nothing was done. Inspectors found that the dining room table was unsteady and posed a risk to some residents.

**Judgement:**

Non Compliant - Moderate



**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

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

Inspectors were not satisfied that sufficient processes had remained in place to ensure all residents' on modified diets had their nutritional requirements safely met. During the inspection residents were offered a varied diet that included choice at mealtimes. However, from a review of the menu plan and feedback received from some residents, sufficient choice was not always available. The inspector noted that staff provided assistance to residents in a sensitive and appropriate manner and residents' meals were well presented.

Information was maintained on residents' special dietary requirements, however, this information had not been kept up to date for all residents. Some residents' dietary requirements had changed but records had not been updated to guide staff practice. An inspector reviewed a sample of residents' food intake charts and was concerned that some residents on specialised diets did not have their specific needs consistently met and this increased their risk of choking. An inspector read that some residents had received foodstuffs which were of the incorrect consistency as recommended by the speech and language therapist (SALT). During this inspection, inspectors noted that residents received meals that were in accordance with SALT recommendations.

Since the previous inspection a new policy on meals and mealtimes had been implemented in February 2014. While this policy contained detailed guidance to inform staff practice some aspects of the policy had not been implemented. For example, the policy stated that there was a four week menu-cycle in place. However, an inspector was informed by both the person in charge and chef that there was a two week menu-cycle in operation. The inspector also found that a number of the menu options available on the inspection were different from the actual menu plan. The inspector also noted that on some days the menu did not detail sufficient choices for residents with special dietary requirements. Residents expressed mixed views on the standard of catering provided. Some residents were very pleased with the standard of catering while others felt that improvements were required. An inspector spoke with the chef who described a number of initiatives that had taken place including taste testings by residents and other initiatives that had been recently planned to develop the menu for residents.

Mealtimes were a pleasant occasion that enabled residents to communicate with each other and staff. An inspector saw that appropriate supervision was provided by staff during the midday meal. In response to the provider lead investigation the provider and previous person in charge had recently changed the time that residents had their

midday meal to later in the afternoon and this had improved supervision arrangements and supported residents' preferred routines. In order to meet residents' nutritional needs an additional small meal had been introduced during the morning. Inspectors saw residents being offered snacks and refreshments throughout the inspection.

Arrangements were in place to monitor residents' nutritional needs although some slippage was noted since the last inspection. The inspector noted that the policy on nutrition had not been reviewed to reflect some changes in practice. Residents' weights were regularly monitored and input had been obtained from residents' GP, dietician and SALT when required. The inspector read medication records which demonstrated that nutritional supplements were administered as prescribed.

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

**Judgement:**

Non Compliant - Moderate

***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

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

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

**Findings:**

Inspectors specifically reviewed staffing and recruitment procedures on this inspection. The inspectors remained concerned that sufficient staffing levels and skill mix were not consistently rostered to meet the assessed needs of all residents. This issue has been noted on previous inspections. Inspectors were also concerned that some staff recruitment practices did not safeguard residents from possible harm and that there was no longer appropriate oversight to ensure required information had been obtained for all staff working in the centre.

The provider and person in charge had continued to implement an ongoing recruitment programme and this had resulted in an increase in nursing and care staff. Staff confirmed that staffing levels and skill mix had improved since the last inspection and the person in charge in conjunction with the provider had made the decision not to admit additional residents until the number of whole time equivalent staff were

sufficient. However, inspectors were informed that there remained a shortage of one whole time equivalent care assistant. While agency staff had been utilised to ensure that an adequate numbers of care assistants were rostered inspectors noted that some care staff were rostered for 14 hours. The possible negative impact of these long shifts had not been reviewed.

On the day of inspection adequate staffing levels and skill mix were in place to meet the assessed needs of residents. However, from a review of staff rosters an inspector noted that adequate nursing staff levels had not been consistently maintained over the 24 hour period. Nursing levels and skill mix were still not sufficient to meet the assessed needs of residents during some shifts. The inspectors noted that on some night shifts there was only one nurse on duty with responsibility for administering medications, supervising care delivery and responding to residents' needs when required. Inspectors spoke with some staff who confirmed that the second nurse on night duty had continued to enable staff to provide safer care but this was not possible when one nurse was on duty. The inspector noted that where there was one nurse on night duty the person in charge had rostered an extra care assistant on most shifts but this had not been achieved on all shifts.

Since the previous inspection the provider had employed additional housekeeping staff. An inspector reviewed staff rosters and found that sufficient hours had been allocated to housekeeping each day. There was now two staff consistently rostered on housekeeping duties to ensure that the centre was maintained at an appropriate standard of cleanliness and this was evident on the day of inspection.

Inspectors were very concerned that the centre's recruitment policy and procedures had not been appropriately adhered to by the provider. An inspector examined a random sample of staff files and found that some files including the person in charge's file were incomplete. Some of these staff had been recruited without required information such as three written references and sufficient evidence of mental and physical fitness. An inspector also noted that there was no staff file available for a recently employed staff member. In addition, inspectors were concerned that systems had not remained in place to ensure all staff had been Garda vetted with the result that a considerable number of staff had been employed without this mandatory vetting.

The centre policy on staff induction and training had not sufficiently informed practice. From speaking with staff and viewing associated documentation inspectors noted that some recently employed staff had not undergone an induction programme. Prior to the inspection, the provider and previous person in charge had identified and documented a number of remedial measures in the provider lead investigation that they planned to implement, but these had not been completed at the time of inspection.

**Judgement:**  
Non Compliant - Major

## 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 all the people who participated in the inspection.

### ***Report Compiled by:***

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Oranmore Nursing Home
<b>Centre ID:</b>	ORG-0000374
<b>Date of inspection:</b>	07/05/2014
<b>Date of response:</b>	

### 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 01: Statement of Purpose

**Theme:**

Leadership, Governance and Management

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

The statement of purpose had not been kept under review to reflect changes to the service provided.

**Action Required:**

Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

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

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

**Proposed Timescale:**

**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:**

Sufficient systems were not in place to ensure the appropriate disposal of some waste material.

**Action Required:**

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

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

**Proposed Timescale:**

**Theme:**

Safe Care and Support

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

Some fire doors did not close automatically which posed a risk to residents as these doors would be rendered ineffective in the event of a fire.

**Action Required:**

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

**Proposed Timescale:**

**Outcome 08: Medication Management**

**Theme:**

Safe Care and Support

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

Some unused medications were inappropriately disposed of into the sharps bin and some nursing staff were not knowledgeable of the relevant procedures relating to the

disposal of medication.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

**Proposed Timescale:**

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

**Theme:**

Effective Care and Support

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

The findings from a residents' satisfaction survey that had been completed on 2 April 2014 had not yet been reviewed.

**Action Required:**

Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

**Proposed Timescale:**

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective Care and Support

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

Some residents' care plans had not been reviewed to reflect the current nutritional needs of these residents.

**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:**

**Proposed Timescale:**

### **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 did not comply with all the requirements of the Regulations. A second nominated contact person had not been delegated to ensure that complaints were properly responded to and recorded by the appointed persons.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

**Proposed Timescale:**

**Theme:**

Person-centred care and support

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

The complaints procedure had not been updated to reflect recent changes to the complaints process.

**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:**



**Proposed Timescale:****Theme:**

Person-centred care and support

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

One complaint had not been fully responded to in accordance with the centre's complaints policy.

**Action Required:**

Under Regulation 39 (12) you are required to: Retain records kept under Regulation 39 for a period of not less than seven years after the complaint has been investigated and the complainant is informed of the outcome of, and of the outcome of any appeal arising from, an investigation, or seven years after the resident(s) to whom they relate cease(s) to be resident in the home, whichever is the longer.

**Please state the actions you have taken or are planning to take:****Proposed Timescale:****Outcome 15: Food and Nutrition****Theme:**

Person-centred care and support

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

Sufficient processes had not remained in place to ensure all residents' on modified diets had their nutritional requirements safely met.

**Action Required:**

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

**Please state the actions you have taken or are planning to take:****Proposed Timescale:****Theme:**

Person-centred care and support

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

**in the following respect:**

Residents who required modified consistency diets were not consistently provided with the same choice as other residents.

**Action Required:**

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

**Please state the actions you have taken or are planning to take:****Proposed Timescale:****Outcome 18: Suitable Staffing****Theme:**

Workforce

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

Adequate staffing levels and skill mix were not consistently maintained to ensure that the assessed care needs of all residents were met.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:****Proposed Timescale:****Theme:**

Workforce

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

The centre's recruitment policy and procedures had not been appropriately implemented with the result that required information had not been obtained for all staff including the person in charge.

**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:**

**Proposed Timescale:**