

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rosedale Residential Home
Centre ID:	OSV-0000740
Centre address:	Upper Kilmacow, Kilkenny.
Telephone number:	051 885 125
Email address:	info@rosedalekilmacow.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Rosedale(Kilmacow) Voluntary Housing Association Limited
Provider Nominee:	Claire Fogarty
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	3

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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: 01 February 2017 09:15 To: 01 February 2017 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). This inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland (2016). The inspector also followed up on areas of non compliance identified at the previous inspection which took place in August 2015.

Rosedale is a voluntary centre, established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 15 residents who require minimal assistance in a homely environment. There is independent supported accommodation also provided on the site and a day care service is operated from the premises. On the day of inspection there were 12 residents living in the centre. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions.

This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident. The centre was granted registration under the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care, the person in charge is not required to be registered as a nurse.

The inspector was satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive community based environment. There was a significant emphasis on the rights of residents to make choices and remain as independent as possible. The premises were suitable for its purpose, homely, well maintained and located in the centre of a small rural community. Residents were very positive and complimentary regarding the care provided and the kindness and availability of staff and management. The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that resources in terms of staffing levels were not provided to ensure the safe and effective delivery of care. This included appropriate increases of staff at times of resident's illness or when residents dependency levels changed and a more suitable care environment were being sought. The inspector also found that the provider was not aware of or did not adhere to the legal responsibilities including adherence to the condition of registration, the provision of an annual report and responsibility to ensure that all notifications were forwarded to the Authority. On this inspection the inspector found that these issues had been rectified and the centre was operating within the conditions of registration.

The designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. The board of directors oversee the organisational, financial and management of the centre. Currently the board meet on a monthly basis. Minutes of meetings were available for inspection. The person in charge said that the provider nominee would call to the centre on a weekly basis.

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. The inspector saw that there had been changes to the premises since the previous inspection. The sitting room upstairs had been refurbished and was bright and homely. Blinds had been installed in the sunroom at the residents' request and new flooring was due to be installed.

There were systems in place to review the safety and quality of care and support to residents. There was evidence that some audits were carried out. However, the inspector found that the audit activity was limited in scope and required further development. Where deficits in practice were identified there were no action plans with

responsible persons outlined and timescales for completion as observed by the inspector. This would positively inform improvements in the safety and quality of care or the quality of life of residents.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2015 and 2016 was in progress. The inspector saw that this report was also available to residents in the front reception area. Resident satisfaction surveys had been completed in January 2017 the results of which indicated satisfaction with the services and food provided.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge took up the position since the last inspection in the centre. She assumed this role in 2016 and had completed a fit person interview in HIQA head office prior to this inspection.

The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

She demonstrated an adequate understanding of her responsibilities as outlined in the Health Act, 2007, regulations and standards. The person in charge had deputising and on call arrangements in place to ensure management of the centre during her absence.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that the provider was acting as official agent for a number of residents and the documentation required allowing this to occur was not available. This had been a historical arrangement. While records of fee payments were maintained no resident received invoices or receipts for payments made via direct debit. On this inspection the inspector found that these issues had been rectified.

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures. Staff also had access to the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014).

Staff who spoke with the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. A local person has been appointed as an informal advocate for the residents and this information was clearly displayed in the front hall. Residents told the inspector that they felt safe in the centre. However, not all staff had received training in safeguarding vulnerable adults. This had been an issue on previous inspections also.

The person in charge informed the inspector that there were no residents who displayed responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, staff had not been provided training in this area. The person in charge told the inspector that responsive behaviour training would be scheduled in the forthcoming months. There was good access to mental health services if required as observed by the inspector. A policy, which gave guidance to staff on how to manage responsive behaviours was available.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment. The inspectors saw that restraint was not common place in the centre and one resident was using bedrails at night at their request.

The centre does not hold money on behalf of residents for safekeeping. The person in charge said residents manage their own finances. The inspector saw that each resident had their own personal lockable storage in their bedroom for same.

Judgment:

Non Compliant - Moderate

***Outcome 08: 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(s):

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

Findings:

On the previous inspection it was found that the risk management policy was not in accordance with the regulations and did not identify the system for the management of pertinent risks. This had been identified on previous inspections. There were no assessments undertaken on residents who smoked despite potential risks in underlying physical conditions. On this inspection it was found that the actions were partially completed. While there were generic risk assessments in place, assessments were still not completed for residents who smoked.

The inspector found that the health and safety of residents, staff and visitors in the centre was generally promoted and protected. There was an up to date health and safety statement dated October 2016. There was a risk management policy. However it did not meet the requirements of legislation as it did not include:

- the arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. The inspector observed that there was no effective system in place for investigating and learning from incidents.

There was information on general hazard identification that outlined general and clinical risk areas. Training records reviewed by the inspector indicated that not all staff had been trained in manual handling. This is actioned under Outcome 18: Staffing.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place and evacuation times were recorded. The inspector saw that the fire alarm was tested and serviced on a regular basis. All residents had personal evacuation plans. Residents also told the inspector what they would do in the event of a fire.

There was an emergency plan that outlined the procedures to be followed in the event of emergencies such as fire, bad weather, loss of water and loss of power. There was an

infection control policy in place. There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that the maximum dosage of medications administered on a p.r.n (a medicine only taken as the need arises) was not documented on the prescription. In one instance the inspector saw that the details on the medication dispensed and the general practitioner (GP) prescription differed which resulted in staff administering p.r.n medication from two different instructions which could have posed a risk to the resident. It was also noted that the administration of a medicine for a resident had ceased and there was no corresponding record signed by the GP dictating that this should occur. On this inspection it was found that these issues had been rectified.

A centre-specific policy on medicines management was in place which covered the required areas of prescribing, administration, storage and disposal. The centre engaged the services of the local community pharmacist which included three monthly medicine reviews and medication management audits. The person in charge said that residents were appropriately advised by the pharmacist in relation to their medicines if they wished.

Medicines were appropriately stored and the management of controlled drugs was safe and in accordance with current guidelines and legislation. The inspector checked the stock balance and noted that all were correct and appropriately recorded. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored daily.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the GP was in place for each drug prescribed in the sample of drug charts

examined. There was evidence of residents' medicines being reviewed on a regular basis.

The inspector noted that the medication keys were kept by a staff member at all times. The inspector saw that medication management training had been provided to all staff involved in medicines management. There were good supports in place for staff involved with medicines such as medication identifiers were available to help identify medications in the case of a medicine dropping or needing to be withheld.

Judgment:
Compliant

Outcome 10: 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

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

Findings:
Only the component of the previous inspection was considered as part of this inspection. On the previous inspection it was found that the person had not complied with the responsibility to forward the required notifications to the Chief Inspector. No notification had been received from the person in charge since April 2014.

On this inspection it was found that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly reports were provided, as required by legislation.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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(s):

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

Findings:

All of the residents living in the centre had been assessed as low dependency and did not require full time nursing care on admission. A registered nurse was employed for 15 hours per week and the inspector saw that the nurse had good clinical oversight of the needs of residents.

The inspector saw that residents were supported to retain the services of their own GP's. Residents told the inspector that they would go to their GP surgery if required. Records confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

The inspector reviewed a sample of resident's care plans. Care plans were reviewed four monthly or more frequently if required, for example following a change in the residents' condition. However, there was no evidence in the sample of care plans reviewed of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. As the centre provided care for residents of low dependency there was a protocol in place for the management of increasing dependency need and assessments undertaken for resident's requirement to move to nursing care.

Residents were encouraged to keep as independent as possible and inspectors observed residents moving freely around the centre and outside. Residents said they were satisfied with the healthcare services provided and told the inspector that they could come and go as they wished. Residents who spoke with the inspector indicated a significant level of satisfaction with their quality of life in the centre and their involvement in the day to day running of the centre.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Residents told the inspector that they were happy with the activities provided. Healthcare staff directed activities which included cards, pongo, exercise, and music. Residents could attend religious services in the centre or the local community. Many went out for walks or to the town, to shops or to the hairdresser as they wished.

Judgment:

Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

On the previous inspection the inspector was not satisfied that the numbers of staff available were suitable to meet the assessed needs of the residents at all times. From 15:00hrs until 22:00hrs there was one staff member available for the current number of residents and this included weekends when the added presence of the person in charge was not available in the centre. On this inspection it was found that this issue had been resolved.

Rosedale accommodates low dependency residents and there is not a requirement for nursing staff to be present in the centre at all times. The person in charge works Monday to Friday and is on-call at nights and weekends. There was also a staff nurse that works two days each week. Adequate deputising arrangements were in place. There was two care assistants on duty at all times during the day and one care assistant at night.

There was a policy in place for the recruitment, selection and vetting of staff. The inspector reviewed a sample of staff files, which were found to contain all of the necessary information required by Schedule 2 of the regulations. The person in charge confirmed that all staff and volunteers were Garda vetted.

A training record for staff was maintained in the centre, which was made available to the inspector on the day of the inspection. The record indicated that while all staff were trained in fire safety, not all staff had received up-to-date training in moving and handling practices and the prevention, detection and management of abuse.

There was evidence of good communication amongst staff with staff attending handover meetings at changeover of shifts. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed. Supervision of staff was visible on the floor. The person in charge had commenced annual staff appraisals.

The inspector spoke with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting

suspensions or allegations of abuse Staff told the inspector that they were well supported by the person in charge.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ide Cronin
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:	Rosedale Residential Home
Centre ID:	OSV-0000740
Date of inspection:	01/02/2017
Date of response:	20/02/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

The inspector found that the audit activity was limited in scope and required further development. Where deficits in practice were identified there were no action plans with responsible persons outlined and timescales for completion as observed by the inspector.

1. Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

We will introduce a more comprehensive auditing system using revised audit templates to include clear identification of non-conformances, personnel responsible, corrective actions taken and agreed timescale for completion.

Proposed Timescale: 24/03/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Ensure that all staff have up to date knowledge and skills appropriate to their role, to respond to and manage behaviour that is challenging.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff including new staff will be given appropriate training relevant to their role. All mandatory training including challenging behaviour will be completed as required by Regulation 07(1).

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Ensure that all staff have received training in safeguarding vulnerable adults.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff including new staff will be given appropriate training relevant to their role. All mandatory training including safeguarding vulnerable adults will be completed as

required by Regulation 07(1).

Proposed Timescale: 31/03/2017

Outcome 08: 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:

Ensure that the risk management policy outlines the arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

4. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

We will ensure that arrangements are made for the identification, recording, investigation and learning from serious incidents or adverse events involving residents by amending our current system.

Proposed Timescale: 20/02/2017

Theme:

Safe care and support

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

Ensure that risk assessments are completed for residents who smoke.

5. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessments for residents that smoke are up to date and complete.

Proposed Timescale: 20/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was no evidence in the sample of care plans reviewed of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

6. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Currently, residents sign a nine page comprehensive residents assessment form for care planning at the completion of their first assessment. Residents will now also sign their individual care plans when reviewed or updated.

Proposed Timescale: 20/02/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Ensure that all staff have access to appropriate training.

7. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff including new staff will be given appropriate training relevant to their role. All mandatory training will be completed as required by Regulation 07(1).

Proposed Timescale: 31/03/2017