

**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):	Lorraine Egan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	13

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 renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 June 2014 09:30 To: 10 June 2014 16:30

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

Outcome 02: Contract for the Provision of Services
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of the inspection was to inform the decision to renew registration by reviewing the provider's progress in response to required actions from the registration inspection of 4 and 5 March 2014. As part of this inspection, inspectors met with residents, the provider, person in charge, operations manager and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records and policies and procedures.

The centre is currently registered for 50 residential places and the provider had initially applied to register 47 residential places. During the previous 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 this inspection, the provider informed inspectors that she had decided to now apply for registration of 47 residential places. The provider was requested to submit an updated application form and a revised statement of purpose to reflect this change.

There were 37 residents living in the centre. On the day of inspection, 16 of the residents were of maximum dependency, 13 high dependency, 6 medium dependency and 2 low dependency.

Inspectors followed up on 19 required actions and found that 8 actions had been

addressed. The inspectors were satisfied that required actions relating to areas including restraint management, fire safety and emergency planning had been completed. Other actions that related to residents' care planning, medication management, the physical environment, management of residents' personal belongings and directory of residents were either partly addressed or in the process of being completed. Required action relating to complaints management and contracts of care had not been completed.

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 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

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

Findings:
The fees to be charged for additional services that were at an extra cost were not specified in the individual residents' contracts of care. 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).

Since the previous inspection, a list of additional services that were at an extra charge to residents had been displayed in the reception area and a copy of these fees had been included in the Residents' Guide.

Judgement:
Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

Required actions that related to insurance had been addressed and the remaining actions were partially completed.

The directory of residents did not comply with all the requirements of the Regulations. Some required information including 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. Since the previous inspection, the person in charge had introduced an electronic directory of residents and was aware that some required information had not been included in this directory. The person in charge was in the process of ensuring that this information was transferred into the new directory. Other required information was now documented including transfer details, the telephone number of the resident's general practitioner (GP) and time and cause of death. However, this information was located in different sections of the computerised system and was therefore not readily accessible in one directory as required by the Regulations.

While policies on abuse and complaints had been reviewed as required since the last inspection they required further review to comply with the Regulations and provide sufficient guidance to inform practice. The policy on recruitment, selection and vetting of staff had not been reviewed as required and the revised policy on residents' personal property and possessions had not been fully implemented into practice. These policies are discussed in further detail under the related Outcome 6, 13, 17 and 18.

The Residents' Guide had been updated since the last inspection however, it did not comply with all the requirements of the Regulations. For example, it did not include an accurate and sufficient summary of the statement of purpose.

The insurance policy now provided adequate cover for residents' personal effects as specified in the Regulations and sufficient evidence had been made available to confirm that out-sourced providers had appropriate insurance in place.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The required action identified on the previous inspection had been partially addressed.

An inspector found that the policy on the prevention and management of abuse had been reviewed since the last inspection and now included adequate guidance on how to report an allegation of abuse but did not include sufficient guidelines on how to carry out an investigation into an allegation of suspected or confirmed abuse.

On the previous inspection, the policy on residents' personal property and possessions had not reflected aspects of current practice. An inspector found on this inspection that the policy had been updated, however, the policy had not been fully implemented. This is discussed further under Outcome 17.

Judgement:

Non Compliant - Minor

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:

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

Findings:

The provider had made good progress in addressing actions associated with this outcome. One action that related to an aspect of risk management was in the process of being completed.

An inspector had noted on the previous inspection that disposable plastic aprons and gloves were not securely stored in wall-mounted dispensing units that had been fitted along some corridors and this posed a potential risk to some mobile residents with dementia. The operations manager had undertaken a risk assessment, however, one identified control measure which stated that a risk assessment of residents would be completed had not yet been carried out. The operations manager and person in charge both reported that mobile residents with dementia that lived in the centre were not at risk.

Staff spoken with and records viewed confirmed that staff had received up to date formal fire safety training that included a practical session on the centre's fire evacuation procedures. An inspector noted that the provider and person in charge had facilitated staff to attend this training on 21 March 2014 as planned at the time of the last inspection. Staff that spoke with inspectors described clearly how they would respond in the event of a fire.

Since the previous inspection the emergency plan had been updated and now clearly identified what to do in the event of emergencies such as disruption to the water supply.

Judgement:

Non Compliant - Minor

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:

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

Findings:

The required action that related to medication management had been partially completed.

On the previous inspection, the inspector noted that sufficient details had not been recorded on a medication error form to confirm that appropriate actions outlined by staff had been taken. In response to this matter, the person in charge had developed and put in place a new medication error form which prompted staff to record all relevant details.

Inspectors were informed by the person in charge on this inspection that there had been no medication errors since the last inspection. However, an inspector found that some errors had occurred but these had not been identified or recorded as a medication error. This was brought to the attention of the person in charge. Issues relating to the

identification and recording of medication errors had been noted on a previous inspection.

An inspector found that the person in charge had developed and implemented a procedure on the management of as required medications (PRN). Nursing staff spoken with demonstrated good knowledge of this procedure. An inspector viewed a sample of residents' prescription and administration charts and found that the PRN procedure had informed nursing staff practice.

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:

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

Findings:

The provider and person in charge had made good progress in addressing actions associated with this outcome. Actions that related to the management of the use of restraint and an aspect of care planning had been completed.

Inspectors reviewed a sample of residents' files and found that most residents' assessments and care plans had been completed to a good standard. With the exception of one assessment, comprehensive assessments were now reviewed when required and relevant assessment information was well documented. Inspectors also noted that improvements had been made to the management of the use of restraint and potential behaviours that challenge.

Inspectors found that the provider and person in charge had worked towards achieving a restraint free environment. At the time of inspection a small number of residents had bedrails in situ. An inspector noted that since the last inspection the person in charge and nursing staff had reviewed residents that used bedrails and had updated their assessments and associated care plans on the use and management of bedrails. There was evidence that alternatives had been considered and recorded prior to the use of restraint. At the time of inspection one resident was currently being trialled without the

use of bedrails.

Inspectors reviewed the files of some residents with potential behaviour that challenges and found that required improvements had been made since the last inspection. Inspectors found that associated care plans were in place for residents with this potential behaviour that is challenging and these care plans provided sufficient guidance to staff. A formal assessment of behaviour that challenges had been completed for the residents although one assessment had not been kept under review. Inspectors noted that continued support was provided by psychiatric services, where required.

However, aspects of some residents' care planning documentation did not adequately capture the residents' current needs. Inspectors noted that some care plans had not been reviewed when required in order to provide sufficient information to guide staff. For example, one resident's care plan did not include sufficient instruction for staff on the current management strategy of the resident's wound while a different resident's care plan contained generic interventions.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors noted that there were two four-bedded rooms and three three-bedded rooms, which the provider planned to convert to 2-bedded rooms in due course. As highlighted in previous inspection reports, the provider informed inspectors 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 in order to achieve compliance with the Regulations and Standards. The provider was requested to submit this plan to the Authority.

Inspectors noted that hand rails had been fitted to a residents' toilet/shower rooms since the last 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:

The complaints policy and procedure did not comply with all the requirements of the Regulations. The complaints policy had been reviewed since the last 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 outlined in the complaints policy and procedure was not satisfactory as the process was not readily accessible to all residents.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider was in the process of completing this required action. However, this action had not been completed within the timeframe specified by the provider in the previous action plan response.

Since the last inspection a process had been put in place to review residents' property lists. An inspector noted that property lists had been updated for 10 residents and the remaining property lists had not yet been reviewed. Some residents' property lists that had been updated did not include sufficient details regarding residents' personal items in accordance with the centre policy. Relevant staff spoken with were not aware of their

responsibilities as outlined in the policy and provider's action plan.

Judgement:

Non Compliant - Minor

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:

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

Findings:

The provider had addressed the specific required actions that related to the centre's recruitment procedures although the policy on recruitment, selection and vetting of staff had not been updated even though the provider had stated in her action plan response that this policy had been reviewed.

During this inspection agency staff were not working in the centre. The person in charge confirmed that agency staff would continue to be utilised, when required. Inspectors noted that since the previous inspection the operations manager had communicated with agency staff regarding the requirements detailed in the Regulations. However, the policy on recruitment, selection and vetting had not been updated to provide sufficient guidance on procuring agency staff to work in the centre.

A written agreement had now been put in place for volunteers outlining their roles and responsibilities.

Judgement:

Non Compliant - Minor

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 report¹

Centre name:	Ballinderry Nursing Home
Centre ID:	ORG-0000318
Date of inspection:	10/06/2014
Date of response:	01/07/2014

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 of the Regulations as they did not include details of the services to be provided and the fees to be charged.

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:

Following discussion with the inspector, residents contracts for services to be provided are under review, including legal advice. It is expected to have this completed by 30th of September and ongoing.

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

Proposed Timescale: 30/09/2014

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 and sufficient summary of the statement of purpose.

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:

The Residents guide has been reviewed and updated.

Proposed Timescale: 27/06/2014

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 and it was not readily accessible.

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:

In order to ensure a 'directory' of residents is in the required format, we are currently in communication with the system provider to ensure the electronic version is in one place.

Proposed Timescale: 30/09/2014

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 carry out an investigation into an allegation of suspected or confirmed abuse and the policy on residents' personal money and property did not fully inform 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:

The policy on abuse has been reviewed and guidelines on how to carry out an investigation is included.

The form to document resident property has been revised.

Detailed discussions with all staff in relation to the implementation of the policy on residents belongings will have taken place by 31st July and will be ongoing.

Proposed Timescale: 31/07/2014

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:

An identified control measure that related to the storage of plastic gloves and aprons in the centre had not been implemented.

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:

Following review of the reassessment process, residents at risk of choking on items from the wall mounted centres are currently having risk assessment and care plans devised to reflect same. This process will be completed by the 4th of July and will be ongoing.

Proposed Timescale: 04/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Some medication errors had occurred but these had not been identified or recorded as a medication error in accordance with the associated procedures.

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:

Staff Nurses have been asked to complete a medication management online course by the 11th of July.

Information sessions on reporting medication errors and on the policy will be completed by the 18th of July and will be ongoing.

2 members of staff have undergone further training in clinical audit.

Proposed Timescale: 20/06/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Some residents' assessments had not been kept up to date and some residents' current needs had not been adequately documented in the associated care plans.

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:

Staff have been advised when completing assessments, to ensure that each individual resident has corresponding dates for reassessment and care plans. This is due to be completed by the 31st August and will be ongoing.

Staff are have been reminded that when completing care plans all must be devised to for each individuals needs and not to use generic plans. Current plans are due to be completed on the 31st of August and then ongoing.

Proposed Timescale: 31/08/2014

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 multiple occupancy rooms in use which were not in full compliance with the requirements of the Regulations and Standards.

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:

All Multiple occupancy rooms will be reduced to 2 bed rooms to meet requirements for 2015.

We are currently in discussion with Architects in devising plans to meet regulations for 2015. Draft plans are expected to be completed by January 2015.

We have previously reduced bed capacity by 3.

Proposed Timescale: 31/07/2015

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:

A second nominated contact person had not been identified in the complaints policy to oversee that complaints were properly responded to and recorded.

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:

A second nominated independent person is included in the current complaints policy.

Proposed Timescale: 10/06/2014

Theme:

Person-centred care and support

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

An effective and readily accessible appeals process had not been established.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

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

An independent appeals person has been nominated and is included in the complaints policy.

Proposed Timescale: 10/06/2014

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:

A number of residents' property lists had not been kept up-to-date and some that had been updated did not include sufficient details in accordance with the centre's policy on residents' personal property and possessions.

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:

The property list form has been updated.

Work is currently in progress to accurately update the residents property.

Proposed Timescale: 15/08/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The centre policy on recruitment, selection and vetting of staff did not provide guidance on procuring agency staff to work in the centre.

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:

In the recruitment policy Version 3 dated May 2014, there is a section dealing with recruitment or agency staff and volunteers.

Proposed Timescale: 20/05/2014