

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Powdermill Nursing Home & Care Centre
Centre ID:	OSV-0000270
Centre address:	Gunpowdermills, Ballincollig, Cork.
Telephone number:	021 487 1184
Email address:	powdermillnursing.home@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Joseph Peters
Provider Nominee:	Joseph Peters
Lead inspector:	Col Conway
Support inspector(s):	Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	0

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 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.

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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 September 2014 08:40 To: 16 September 2014 17:00

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

Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The previous inspection undertaken by the Health Information and Quality Authority (the Authority) of Powdermill Nursing Home was on 3 and 4 June 2014 and it was an 18 Outcome inspection. The inspection was announced and followed an application by the provider to the Authority to change the company entity. Inspectors found during the inspection that there had been progress with some of the required actions from a previous inspection in February 2014. However, actions were required in regard to provision of:

- a permanent person in charge
- an adequate number of nurses actually employed
- a well maintained premises
- up to date nursing assessments and nursing care plans for all residents
- agreed contracts of care for all residents
- employment histories with no gaps and verification of the authenticity of references for all staff
- health and safety and risk management policies that contained all of the required information.

Previous inspection reports can be viewed on the Authority's website www.hiqa.ie, using centre identification 0270.

This inspection took place over one day and inspectors followed up on progress with the required actions from the previous inspection. Inspectors reviewed the premises and documentation such as residents' nursing records, residents' contracts of care,

some policies and procedures as well as records on staff files. Inspectors found there had been progress with some of the required actions from the June 2014 inspection:

- a permanent person in charge was in post
- new curtains had been installed
- painting of walls and woodwork throughout the building had been completed
- some of the floor covering had been upgraded
- agreed contracts of care were in place
- staff records were in line with the Regulations.

Action plans at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

Inspectors were informed that since the previous inspection in June 2014, changes to contracts of care had been agreed with all the residents and/ or their representative. An inspector reviewed a sample of residents' contracts of care and found substantial compliance as the contracts detailed the overall services that were to be provided and the weekly fees as well as any additional charges to be paid.

Judgment:

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):

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

Findings:

Approximately eight weeks prior to this inspection a new person had been appointed in a permanent capacity to the post of person in charge. Documents submitted to the Authority as part of the application process indicated that the person in charge was suitably experienced. They hold a full-time position in the centre; they are a registered nurse and are currently registered with the nursing professional body.

During this inspection the new person in charge demonstrated a good understanding of her responsibilities in regard to 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.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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 identified that not all staff records were maintained as required by the Regulations. On this inspection an inspector reviewed a sample of staff files and found there was substantial compliance in regard to maintenance of the required staff records.

An inspector found on this inspection that the required review of the risk management and the health and safety policies had not yet been completed. The person in charge informed an inspector that the risk management policy was being reviewed to provide an updated stand alone document that included all of the information as required by Article 26 of the Regulations:

- hazard identification and assessment of risks throughout the centre
- the measures and actions in place to control the risks identified
- the measures and actions in place to control the risks of abuse, unexplained absence of any resident, accidental injury to residents, visitors or staff
- aggression and violence
- self harm
- arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Inspectors found evidence on this inspection that potential risks to residents' associated with a poor standard of nursing documentation had been reduced since the previous inspection in June 2014. There was evidence that improvements in nursing assessments of residents' as well as maintenance of monitoring records had been made.

On the previous inspection it was identified there was not an adequate standard of nursing care in regard to the use of bed rail restraint. In the provider's response to the inspection report it was stated that all residents requiring bed rail restraint had undergone assessment and bed rail nursing care plans as well as a monitoring process had been put in place when bed rails were used. On this inspection inspectors found that the residents' assessments, nursing care plans and monitoring records if bed rail and/or lap belt restraint were used, were in line with best restraint practices.

On the previous inspection it was found there was not an adequate standard of record keeping in regard to the frequency of changing the position of any resident. Inspectors also found the daily food and fluid monitoring charts for residents whom required close observation with their food and fluid intake were not always fully completed. It was found on this inspection that here had been an improvement in the daily records that were maintained of residents' position changes as well as residents' food and fluid intake. The records were in line with best practice as well as professional nursing guidelines.

The new person in charge informed inspectors that improving the standard of nursing assessments of residents' as well as residents' nursing care plans had been made a priority since she had commenced approximately eight weeks prior to this inspection. She confirmed that not all of the residents' nursing care plans had been updated but completion of daily monitoring records for residents as well as nursing clinical risk assessments had been completed. The inspectors found that well recognised nursing assessment tools had been used and residents' nursing care plans were in place. However, some of the care plans had not been reviewed in the previous four months or if the residents' condition changed, as is required by the Regulations.

Judgment:

Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres)

Theme:

Effective care and support

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

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

Findings:

Since the previous inspection the walls had been painted and the floor covering had been replaced in the dining room. It was noted on this inspection that the dining room was clean, bright and well maintained. The walls had been painted and new curtains installed in the lounge and this room also was well maintained. Painting had been undertaken in the corridors as well as in a large number of the bedrooms and the provider informed inspectors that upgrading of the paintwork would be completed in the remaining bedrooms by the end of November 2014.

Window and/or screening curtains had also been replaced in some of the bedrooms and the provider informed inspectors that the plan was to have the replacement of curtains completed by 31 January 2015. However, bedrooms 20 and 24 that had been identified as having curtains in a poor state of repair on the previous inspection had not had the curtains replaced.

While floor covering had been replaced in the dining room some of the en suites and corridors floor covering still required upgrading. It was stated in the provider's response to the previous inspection report that upgrade of the floor covering would be undertaken in a phased basis and would be completed by 30 October 2014. Inspectors were informed by the provider on this inspection that the upgrade of floor covering would be completed in some areas by 30 November 2014 and in other areas by 28 February 2015. Areas where the floor covering was not in a good state of repair:

- communal toilet adjacent to the lounge
- en suites in bedrooms 2, 4, 5, 7, 28
- bedrooms 14, 26, 28,
- millrace and barges corridors.

On the previous inspection bedroom furniture in bedrooms 12, 15, 18 and 25 were not maintained in a good state of repair. In the provider's response to the previous inspection report it was stated that the furniture would be replaced by 31 August 2014. Inspectors found on this inspection that the furniture had not been upgraded.

On the previous inspection some of the toilet and washing facilities required maintenance work on tiles, tile grouting, shower walls and some grab rails were rusty. Inspectors found on this inspection that grab rails were rusty in the en suites of bedrooms 5, 6, 7 and 12. The shower surround in the en suite of bedroom 16 was not in a good state of repair as was the wall surface of the shower in the en suite of bedroom 12. It was also noted that the grout around the shower tray was not well maintained in the upstairs communal toilet and washing facility.

Three triple bedrooms and a twin bedroom were identified as currently having a design and layout that did not provide optimal space around each of the beds. The provider informed inspectors that the proposed plan for the identified twin bedroom on the first floor was for it to be converted to a single bedroom with an en suite toilet facility. The provider also informed inspectors that the three identified triple bedrooms were being reviewed regarding the feasibility of changing the layout so there would be adequate space around each of the beds. Any changes to the layout were being considered in the context of accommodating the needs of any resident whom may require total nursing care and unobstructed access to both sides of the bed. It was noted by inspectors that these shared bedrooms had good screening curtaining between the beds.

Judgment:

Non Compliant - Major

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:

It was identified on the previous inspections in February and June 2014 that there were not enough nurses actually employed despite efforts by the provider to recruit additional nursing staff. The provider outlined in the response to the report from the previous inspection in June 2014, that additional nursing staff had been recruited.

An inspector was informed on this inspection by the new person in charge that the actual number of nurses had reduced since the previous inspection from six full time equivalent nurses (excluding the person in charge) as two nurses had left employment. This equated to a reduction of 1.5 full time equivalent nurses in the centre. Inspectors were informed that a new nurse had commenced the day before this inspection and she was working twenty hours a week (.5 full time equivalent) in the post of clinical nurse manager. However, at the time of this inspection the actual number of full time equivalent nurses was below that which was identified in the statement of purpose as being needed to provide the service. The provider informed inspectors that he was involved in ongoing rigorous recruitment activity and appointment of additional nursing staff was confirmed for the near future. Evidence of same was provided to the inspectors, however, at the time of this inspection the extra required nursing staff had not yet commenced employment.

Judgment: Non Compliant - Major

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:

Col Conway
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:	Powdermill Nursing Home & Care Centre
Centre ID:	OSV-0000270
Date of inspection:	16/09/2014
Date of response:	05/01/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

An updated risk management policy document and an updated health and safety policy document as per article 26 of the Regulations and Schedule 5 respectively were not completed at time of inspection.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

An updated risk management policy and an updated health and safety policy has been compiled that is specific to the Powdermill.

All staff will be made aware of the revised risk management policy and an updated health and safety policy and will be given training and awareness on the new policies and given allotted time to read the policy each week.

The Quality and Safety Review Committee was established by the Registered Provider and Person in Charge in response to addressing and monitoring key areas such as infection control, complaints, staffing, audit results etc. The meetings are to be held on a monthly basis and the Committee is made up of the Registered Provider, the Person in Charge, PPIM, CNMII and Operations Manager. As part of the ongoing governance of Powdermill the Registered Provider recognises the need to put in place a schedule of policy reviews to ensure that the policies are, not only robust, but are amended in line with statutory requirements and/or changes in what might be considered best practice. Therefore, from Jan 2015, the thirty-eight Schedule 5 and Appendix B policies will be reviewed, amended and ratified on a schedule of eight policies per month.

Proposed Timescale: Risk management policy – complete.
Quality & Safety Review Committee – ongoing.
Policy Reviews – completion end May 2015.

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:

Not all residents' nursing care plans were up to date and reviewed at intervals not exceeding four months.

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:

A full evaluation of all care plans has been conducted as a matter of priority since Inspection. All care plans have been reviewed and where necessary updated, to reflect the residents individual needs and condition. An initial review of the Care Plans highlighted some non-compliances which have been fully addressed. Moving forward, the Person in Charge plans to complete a full Care Plan audit the month after the Care Plan reviews (there will be an audit programme in place by Jan 2015 which will have a schedule for the year ahead).

The Person in Charge has an in-depth knowledge of Care Planning and documentation and is very familiar with clinical risk assessment and therefore the Registered Provider is confident in her skills moving forward that the nursing documentation meets statutory requirements.

Proposed Timescale: 31/01/2015

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:

Curtains in bedrooms 20 and 24 were not in a good state of repair.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Curtains in bedroom 20 and 24 have been replaced. From Jan 2015 the PIC and Operations Manager will conduct a monthly building walkabout where they will specifically monitor soft furnishings, hygiene, equipment and the general wear and tear of the building. The results of this will be discussed at the Quality & Safety Review Committee meeting, where actions/timelines would be agreed.

Proposed Timescale: Curtains completed and walkabouts ongoing from Jan 2015.

Theme:

Effective care and support

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

Floor covering was not maintained in a good state of repair in:

- the communal toilet adjacent to the lounge
- en suites in bedrooms 2, 4, 5, 7, 28
- bedrooms 14, 26, 28,
- millrace and barges corridors.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Registered Provider agrees that, throughout the centre, there are areas where the flooring needs to be replaced. The Registered Provider is currently putting together a schedule of works which will include flooring, décor etc. and will address those areas as identified by the Inspectors as areas of priority. The work schedule will be complete on/before 16 Jan 2015, which will be forwarded to the Authority once completed.

The Registered Provider has reviewed the flooring that must be replaced and has considered that the current plan of repair is not satisfactory in the long term and therefore will be replacing the flooring. It is planned that an area/room will be completed one per month, therefore, all floors, as identified above, will be replaced within nine months. This work commenced in September and to date the following floors have been replaced:

en-suite bathroom numbers 2, 5, 7 & 28;

the communal toilet adjacent to the lounge have already been replaced.

bedroom 14 Has been repaired, but will be part of the replacement schedule

Immediate Repairs in the floor covering of both corridors has been completed but will also be a part of the replacement schedule.

Proposed Timescale: 29/12/2014

Theme:

Effective care and support

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

Furniture in bedrooms 12, 15, 18 and 25 was not maintained in a good state of repair.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Bed-side lockers and chest of drawers in rooms 12, 15, 18, 25 have been replaced. The monthly walkabout as discussed above will include a continuous monitoring of furnishings.

Proposed Timescale: 05/01/2015

Theme:

Effective care and support

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

Grab rails were not maintained in a state of good repair in the en suites of bedrooms 5,6, 7 and 12.

The shower surround in the en suite of bedroom 16 was not maintained in a good state

of repair as was the shower wall surface in the en suite of bedroom 12.

The grout around the shower tray in the upstairs communal toilet and washing facility was not well maintained.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Grab rails in rooms 5, 6, 7 and 12 have been replaced. Showers surround in room 12 and 16 and the upstairs communal bathroom has been repaired. Grout around shower tray in the upstairs communal toilet and washing facility has been repaired.

Proposed Timescale: 05/01/2015

Theme:

Effective care and support

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

The current design and layout of three triple bedrooms and a twin bedroom does not allow for free movement around each of the beds.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The shared rooms have been inspected and assessed by our architect, draughtsman and our fire safety consultant. We have reached a consensus that relocating the access door to rooms 21, and 22 would improve the free movement within the room and access to each bed. Our fire consultant has advised that this change does require a fire certificate application as it involves some structural works.

The residents of both these rooms have been consulted by the Person in Charge and whilst they are very happy with the current layout and hesitant and reluctant to embrace change the Person in Charge is confident that with adequate notice and encouragement the present occupants can be reconciled to change. We encourage the residents to have an ongoing input into the re-design to improve the identified personal space for each person.

Room 14 has been assessed and it has been agreed that the furnishings within the room including the beds can be re-positioned which would maximise free movement for residents within this room.

Room 15 has been re-assessed and we have concluded that agreed that the furnishings within the room including the beds can be re-positioned which would maximise free movement for residents within this room.

Proposed Timescale : 30 Jan 2015 to submit fire certificate application. Room 21, 22: If application approved then completion by 4th September 2015
Proposed Timescale : Completion by 30 January 2015, Room 14

Proposed Time Scale : Completion of Room 15 by 27th February 2015

Proposed Timescale: 30 Jan 2015 to submit fire certificate application. Room 21, 22: If application approved then completion by 4th September 2015. Completion by 30 January 2015, Room 14. Completion of Room 15 by 27th February 2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was not an adequate amount of nurses actually employed in the centre.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Based on forty residents the whole time requirement of registered nurses for Powdermill Nursing Home is as follows:

PIC – 1.0 (WTE)

RN – 7.0 (WTE) to provide three by twelve hour shifts daily and to ensure that that are sufficient staffing levels in the event of sickness, annual leave, or unplanned absence.

This also allows for sufficient cover of four weeks annual leave (on average) per nurse.

Currently Powdermill Nursing Home has:

PIC - 1.0 (WTE)

RN – 7.0 (WTE). There are currently seven WTE nurses in post. An RN is currently completing an adaptation programme in Waterford University Hospital and following successful completion of the clinical programme will be added to our cohort of nursing staff towards the end of January 2015, which will bring the WTE of RNs to 8.0 which is above our requirements but does allow time for training, development, auditing etc., and also ensures that the centre has a robust contingency of competent of RNs in the event of sickness, extended leave etc.

Proposed Timescale: 31/01/2015

