

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	ORG-0000325
<b>Centre address:</b>	Hazelhill, Ballyhaunis, Mayo.
<b>Telephone number:</b>	094 963 1555
<b>Email address:</b>	brookvalemantor@brindleyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brindley Manor Federation of Nursing Homes
<b>Provider Nominee:</b>	Amanda Torrens
<b>Person in charge:</b>	Evelyn Doyle Douglas
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Brid McGoldrick;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	22

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From:	To:
30 October 2013 08:30	30 October 2013 17:30

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which mainly focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for thematic inspections providers attended an information seminar and undertook a self-assessment in relation to both outcomes. The inspectors reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspectors met residents and staff during the inspection and discussed aspects of both outcomes. The delivery of care and the service of meals were observed. Documents such as training records, care plans and staff rotas were reviewed.

Inspectors found that 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 was variable. Residents expressed overall satisfaction with their care and were positive about how staff cared for them. End-of-life care was incorporated into the care planning arrangements for the majority of residents. Staff had discussed future care needs with residents and family members were also appropriately involved. There were some residents who conveyed that they would like to make changes to their long-term care arrangements and staff in the centre were involved with helping them achieve this aim. However, documentation did not sufficiently reflect the residents' wishes to adequately guide end-of-life care. Relatives who returned questionnaires to the Authority were generally positive about how care had been delivered to their loved ones and how they had been supported and involved at this time. However, some relatives were concerned that staff were at times very busy and were not readily available if they had queries.

Residents' comments on the food provided were both positive and negative. Some described the food as "good and tasty" and said that the catering staff knew their preferences and dislikes and ensured that they were served food that they liked. Others said that the choices were limited particularly at weekends with some residents expressing the view that on Sunday evenings choices were more confined with sandwiches the main choice at tea time. There were systems in place to ensure that particular dietary needs were accommodated and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. There were systems in place to refer residents to allied health professionals for specialist advice. The inspectors found that staff facilitated meal times in a coordinated way to enable all residents to eat in comfort.

The inspectors found that the staff team were well informed about residents care needs. However, the allocation and deployment of staff and deputising arrangements in the absence of the person in charge required review.

The policies and procedures on nutrition and end-of-life care needed to be amended as they did not provide adequate guidance for staff and the information available was difficult to access due to the layout of the procedure documents.

The Action Plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of the Regulations and the Authority's Standards. The improvements include better information in policy and procedure documents to guide staff, appropriate maintenance of the directory of residents and ensuring the availability of qualified nurses to provide continuity of care and to deputise for the person in charge.

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

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The directory of residents was not kept up to date and did not contain all the required information. For example, the details for one resident admitted for respite care and now deceased had not been included or the details for a resident admitted from another centre.

The documents in residents' files were not stored securely and information could not be accessed expediently. Many documents, investigation reports and assessments were filed loosely or placed loosely in a pocket within the main file. It was difficult to establish if some investigations such as scans had been completed or where investigation results were filed. In some files there was no information to indicate the resident had died other than the death certificate.

Inspectors reviewed the policy and procedure documents in relation to food and nutrition and end-of-life care. The inspectors found that the information provided in both policies did not adequately guide staff in accordance with evidence-based practice and required revision to provide the appropriate guidance.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The centre provides care to residents who have varied care needs including dementia and neurological problems. Residents interviewed said that the centre was comfortable, and that there were activities that they could take part in if they choose. This inspection focused on care in relation to nutrition and end of life and care plans were reviewed to determine if the information available reflected residents needs, choices and provided appropriate guidance for staff.

The inspectors found that while care plans were in place for nutrition and end of life, they did not guide the care to be delivered. For example, they did not include the specific interventions required to address residents' needs and wishes. This is discussed fully under Outcomes 14 and 15.

The care records did not convey that problems related to nutrition such as weight loss had been fully investigated to ensure that each resident was able to achieve and enjoy the best possible health.

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Staff had training and residents were supported to discuss end-of-life wishes and preferences. However, care plans did not adequately reflect residents' preferences to inform care decisions. The staff team could describe the arrangements in place for end-of-life care and prioritised comfort and the management of pain as key aspects of end-of-life care. Residents were supported to remain in the centre if that was their wish and all but one of the 14 residents who had died over the last two years had remained in the centre. There were seven questionnaires from a total of 10 circulated (70%) returned by relatives to the Authority. Relatives described the staff as respectful, caring, very helpful and compassionate. They said they valued the way their relatives were supported with pain relief and that staff ensured they were not in distress. There were three questionnaires that indicated that while staff provided care with dignity and compassion, they were very busy and could not always devote the time required to residents and their families. Relatives described staff as "very busy", "rushed off their feet" and "had to be called 2/3 times". Therefore staff did not have the time required to be with residents in a meaningful way at this time.

The self-assessment returned to the Authority indicated that overnight facilities were available for relatives who wished to be close to a dying resident. A relative who returned a questionnaire indicated that the opportunity to stay overnight had not been offered even though she had travelled some distance to be with a family member. The inspectors were informed following the inspection that facilities were always provided for a number of family members to ensure that both the resident and family had the support and comfort of each other's presence at this time.

The centre had an end-of-life policy and the self-assessment identified that improvements were required in the policy documents. This included a procedure for the practical care of the body after death and formal arrangements to support other residents and staff following a death. Inspectors found that the on-call manager supported staff in the event of a sudden death and that staff were facilitated to discuss and reflect on end of life care practice at staff meetings.

Overall the end-of-life policies did not meet requirements. Inspectors found that while the information provided guidance on a range of related areas it did not guide practice effectively. There was no information on indicators that would prompt referral to the palliative care team or the care actions to be put in place when it was recognised that a resident was dying. There was no procedure to guide nurses on the verification of death in accordance with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) professional guidelines. Training on end-of-life care had been undertaken by a number of staff. Two nurses had attended training on legal obligations in relation to resuscitation status and one nurse had attended the "Final Journeys" training in 2013. Four carers had attended a clinical skills course in 2010. This represents a small percentage of the total staff group and the inspectors were told that there was specialist training on end-of-life care scheduled for later in the year, to ensure that staff had up to date knowledge and skills.

The inspectors reviewed care plans to determine compliance with Regulation 14. There was evidence that end-of-life care had been discussed with all residents. However, the information was not adequately documented and residents' care plans did not capture their wishes and end-of-life preferences to adequately guide or inform end-of-life care. Records conveyed that in some cases relatives would make arrangements. Overall, there was little detail on resident's expressed wishes such as the continuation of treatment or if they had a preference to return home. This was a significant issue in this centre as several residents had been admitted from outside the area and their significant family/neighbourhood contacts lived some distance away.

There was also inconsistent information about decisions on resuscitation status. In one record an instruction not to resuscitate was recorded, however, there was no mention of this in the medical records.

Residents had access to palliative care services. The centre had established good contact with the local palliative care service. Daily progress notes completed by nurses described the contacts and decisions made in conjunction with members of the palliative care team to ensure optimal comfort and symptom management. The inspectors concluded that care planning for end-of-life needed to be more rigorous to ensure that residents' wishes and choices were identified, recorded and available to guide staff.

Residents' spiritual needs were met. Records conveyed that staff knew and supported residents to fulfil their religious commitments. The centre had an attractive oratory that was accessible, appropriately furnished and quiet for people who wished to spend time in prayer and reflection. Local clergy were available to visit residents and ensure their spiritual needs were met. Their visits were recorded in residents care files.

### **Outcome 15: Food and Nutrition**

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

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

The centre has an attractive spacious dining room that some residents used at all meal times particularly lunch and tea time. There was good space between tables to enable residents to move around freely and the dining tables were large enough to enable residents to eat in comfort. Staff who assisted residents were observed to carry out this activity sensitively and in accordance with residents needs. Carers were noted to encourage people to eat independently and to offer assistance only when required. The



daily menu was displayed on the dining room door. There was one main dish prepared for the lunch and tea time meal. Residents told inspectors if they did not like the dish on offer that catering staff prepared an alternative for them. Many residents had communication problems due to physical frailty or dementia and the catering staff who were familiar with their likes and dislikes offered them choices when the main dish was not a favoured option. The menu was changed seasonally by the catering manager for the company. Inspectors were told that while there may be local variations to the menu, in general catering staff adhered to the established menu that was outlined.

The food and nutrition policy in use covered a range of topics such as nutritional assessments, the maintenance of food charts and how to encourage residents to eat a varied and nutritious diet. However, the guidance did not provide the range of evidence-based practice information required to guide staff on how to provide appropriate food and fluids to meet the diverse needs of older people. For example, it did not cover specialist diets or care to residents with swallowing problems. There was no information on supplementary nutrition to address problems such as wound care, weight loss or residents who expended energy with high level of activity due to mental health problems or dementia. The inspectors concluded that the policy did not guide practice effectively and did not reflect current good practice guidance.

Eight residents were at risk of weight loss or fluctuations in weight. Nutritional care plans were in place for all these residents and they were reviewed by the director of nursing from another centre on 15 and 16 October 2013. They contained information on weight, body mass index and malnutrition universal screening tool scores. All residents were noted to be weighed regularly and changes were noted. The majority of residents were making progress and where concern persisted the advice of the dietician or speech and language therapist had been sought. Both these specialists were readily accessible according to staff.

There were some deficits noted in the care plans for the management of weight loss. Although staff used food fortification with butter and cream as a first line intervention in line with good practice, this was not reflected in nutritional care plans which focused on the provision of supplements. In one example, a male resident had lost 4.8 kilos since May 2013. When the inspectors met this resident his weight loss was evident. The nutritional care plan included the administration of supplements to the diet, however, there was no information to indicate that his health care needs were investigated to identify the underlying cause of his weight loss. In another instance a resident's diet was being supplemented by sugary foods, however, this was not an appropriate long-term intervention that would maintain good health. Inspectors formed the view that the measures in place to address weight management problems needed to be strengthened to reflect evidence-based good practice guidance.

Catering staff were knowledgeable about the dietary requirements of residents. They could describe how food was fortified and ensured that diets for residents identified at risk of weight loss were enriched with high calorie products such as cream and butter. The two chefs on duty described main meals and puddings that could have additional calories added without impacting on the taste. They also knew when residents had other dietary needs such as diabetes or problems with increasing weight and had appropriate diets in place for these residents.

Residents told the inspectors that food was generally good and two residents said that breakfast was the meal they particularly enjoyed. Residents said that there was a good variety of food that was very "tasty and well prepared". They particularly liked the homemade breads. The catering staff received many positive comments for the varied meals they prepared and their ability to provide good desserts was highly praised. Residents were critical of some aspects of food provision. These included the lack of choice at lunch time, soup which they felt was not available often enough and the sandwich option at tea time on Sundays which some felt was not an appropriate tea time meal. Residents told inspectors that these matters had been raised with staff, however, no changes had yet been made. The inspectors were told that residents were offered alternatives to the main lunch time meal each morning however the information relayed to the inspectors indicated that some residents did not appear to be aware that they had other options at meal times.

The inspectors saw that meal times were not protected to enable residents to enjoy their meals at leisure. For example, medication was administered during meals which caused interruption and detracted from the enjoyment of meals.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

#### **Theme:**

Workforce

#### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

The inspectors noted that the allocation and deployment of staff needed review. Inspectors observed that there were periods when residents in communal areas were unsupervised.

There was one nurse on duty who had to dispense medication and supervise care practice until the nurse covering for the person in charge arrived mid morning. The absence or lack of availability of a nurse in the centre to take charge when the person in charge was away was a concern as the cover arrangements by staff from the company's other centres did not provide continuity of care. The rota maintained did not fully account for the absences of the person in charge or the arrangements in place for cover during these absences.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Brookvale Manor
<b>Centre ID:</b>	ORG-0000325
<b>Date of inspection:</b>	30/10/2013
<b>Date of response:</b>	22/01/2014

#### 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 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:**

Some of the required records and documents were not maintained in a secure manner.

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

The system of maintaining medical notes is currently being reviewed to ensure security.

**Proposed Timescale:** 28/02/2014

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

**Theme:** Leadership, Governance and Management

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

The directory of residents did not contain the details of all residents admitted to the centre.

**Action Required:**

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

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

The directory of residents has all required details entered.

**Proposed Timescale:** 22/01/2014

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

**Theme:** Effective Care and Support

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

Care plans reviewed did not direct the care to be delivered in relation to end-of-life care and food and nutrition taking in to account residents' welfare, well-being and choices.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

Care plans document resident end of life decisions where they have been expressed and also document where there is no decision yet made by a resident or their representative. Future reviews will attempt to engage residents in more detailed discussion around their end of life wishes.

Care plans detailing requirements and choices in the area of food and nutrition will, at future reviews, better reflect the range of best practice interventions used in promoting resident welfare and choice in this area.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Care and Support

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

There were some care records that did not indicate that residents had been referred for additional assessments to ensure that they were enabled to reach their maximum level of function.

**Action Required:**

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

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

The record referred to related to a resident who, while having lost weight, continued to have a BMI within normal limits, the GP did not refer for medical assessment, as following fortification of food and dietician review, weight was regained.

As inspectors noted there were systems in place to monitor residents closely for unexplained weight loss and referred by GP's for further investigation when deemed appropriate. This practice will continue.

**Proposed Timescale:**

#### **Outcome 14: End of Life Care**

**Theme:** Person-centred care and support

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

The inspectors found that while there was an end-of-life policy in place it did not guide practice effectively. There was no information on indicators that would prompt referral to the palliative care team or the care actions to be put in place when it was recognised that a resident was dying. There was reference to advanced care directives but no information had been made available for staff, residents and relatives on how to complete such directives or the implications for their use.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

End of life policy was reviewed following self assessment and will be further reviewed in light of the inspectors comments.

**Proposed Timescale:** 31/03/2014

**Theme:** Person-centred care and support

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

There was evidence that this topic had been discussed with all residents, however, the information available did not indicate resident wishes or how they hoped their care needs would be met at end of life and did not provide adequate guidance to staff as residents approached end of life.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Care plans document resident end of life decisions where they have been expressed and also document where there is no decision yet made by a resident or their representative. Future reviews will attempt to engage residents in more detailed discussion around their end of life wishes.

**Proposed Timescale:** 31/03/2014

**Outcome 15: Food and Nutrition**

**Theme:** Person-centred care and support

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

The food and nutrition policy did not provide the range of evidence-based practice information required to guide staff on how to provide appropriate food and fluids in accordance with the needs of dependent older people. The guidance did not cover specialist diets or supplementary nutrition to address problems such as wound care, weight loss or the provision of a higher calorie diets for residents who may have a higher level of activity due to mental health problems or dementia.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

Food & Nutrition policy was reviewed following self assessment and will be further reviewed in light of the inspectors comments.

**Proposed Timescale:** 31/03/2014

## Outcome 18: Suitable Staffing

**Theme:** Workforce

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

There were times of the day when residents in some sitting areas were unsupervised.

There was no contingency plan in the centre to cover the routine absences of the person in charge.

**Action Required:**

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

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

Staff allocation has been reviewed to ensure supervision of all areas in which residents spend the day.

There is a contingency plan in place to cover PIC absence.

**Proposed Timescale:** 22/01/2014

**Theme:** Workforce

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

The staff rota did not provide complete details for the absence of the person in charge and did not indicate the cover arrangements in place for all absences.

**Action Required:**

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The staff rota on the day of inspection showed the PIC on annual leave. In future the rota will evidence PIC cover on the day.

**Proposed Timescale:** 22/01/2014