

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Nursing Unit Abbeyleix
<b>Centre ID:</b>	ORG-0000527
<b>Centre address:</b>	Ballinakill Road, Abbeyleix, Laois.
<b>Telephone number:</b>	057 873 1204
<b>Email address:</b>	marym.lawlor@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Person in charge:</b>	Mary Lawlor
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	Linda Moore;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	4

## 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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

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

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

From:	To:
30 January 2014 09:45	30 January 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
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 18: Suitable Staffing

**Summary of findings from this inspection**

During the course of the inspection, inspectors met with residents, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors noted that a number of changes had taken place within the designated centre since the last inspection in relation to the layout and the use of rooms. Inspectors were satisfied that this appeared to have a positive outcome for the residents living in the designated centre. The new dining room offered a positive meal time experience, and the reduction in multi-occupancy rooms promoted privacy and dignity. The new location for the nurses station promoted adequate supervision across all areas of the building, and inspectors noted the efforts being made by the person in charge to decorate and re-plan the interior to meet the needs of residents.

Inspectors were satisfied that in general the healthcare needs of residents were met. Residents had very good access to general practitioners (GP) with a doctor visiting the nursing home 4 days a week. Inspectors were satisfied that there was adequate access to a range of other health care professionals where required, for example dietician, speech and language therapists and a palliative care team.

Inspectors observed that staff knew the residents well and treated them with respect and dignity.

Some areas for improvement were identified in order to ensure compliance with the requirements of 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.

Areas highlighted for improvements were in relation to risk management, medication management, health and social care needs and documentation. These are discussed in more detail throughout the body of the report and in the action plan.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Inspectors found that there was a written statement of purpose in place in the designated centre, however it required some improvements in order to sufficiently reflect the services and facilities provided. For example the statement of purpose did not detail the type of care that is provided in the designated centre at present, or the age range and sex of the residents catered for.

**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

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

Inspectors found that although some improvements had been made in relation to the contracts of care for residents, they still did not fully meet the requirements of the regulations. Inspectors found that the contracts of care did not clearly outline the services provided and detail extra fees related to all additional services.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the designated centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of the service. Mary Lawlor is the person in charge, she is a qualified nurse, and was able to demonstrate a good knowledge of individual residents needs. The person in charge had completed several training days in order to keep up with her continual professional development. Inspectors found the management arrangements for the designated centre were sufficient. The person in charge is supported in her role by two clinical nurse managers who cover the centre seven days over the week.

**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

**Judgement:**

Compliant

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

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

**Findings:**

Inspectors found that overall there were measures in place to protect residents from being harmed or suffering abuse. There was a policy in place in relation to protection of vulnerable adults and inspectors were satisfied that staff had sufficient knowledge regarding the procedures to be undertaken in the event of an allegation of abuse. Residents spoken to expressed that they felt safe in the designated centre. Inspectors reviewed the training records and found that all staff had up to date training in this area.

Overall, residents' finances were protected and managed well. Improvements had been made from the previous inspection in relation to residents' finances, and inspectors found that a receipted system was now in place, petty cash transactions were now recorded, signed and witnessed. Resident spoken to said they were satisfied that their belongings were safe in the designated centre.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Overall inspectors found that the designated centre required some improvements in order to fully promote and protect the health and safety of all residents, staff and visitors. While some good practices were observed during the course of the inspection, some improvements were still required in order to be in line with the regulations.

Inspectors read the organisations policy on risk management, but found that it did not sufficiently guide practice and was not location specific. The risk management policy did not include all of the requirements as set out in the regulations, for example it did not include a risk assessment for self harm. Not all risks had been identified and listed in the risk register within the designated centre, and some of these were discussed during the course of the inspection with the person in charge. For example, the water temperature in two of the hand washing sinks were found to be above a safe level, and inspectors identified a risk of scalding. This was discussed with the person in charge at the time, and following on from the inspection control measures have been put in place to manage this risk.

All staff were found to be up to date with mandatory fire training, and staff spoken to could easily demonstrate what to do in case of an emergency. Inspectors found that there was a sufficient emergency plan in place, which included loss of power, heating

and fire.

Inspectors met with the person in charge and one of the clinical nurse managers, and found that there were some good systems in place to manage risk within the designated centre. For example, there was an active risk register and issues related to risk were discussed regularly at clinical governance meetings. Some of the systems identified required strengthening however, and there was a lack of documentation to evidence good practice.

The safety statement was in the process of being updated at the time of the inspection. While there was good evidence of the emergency systems being checked at required intervals, there was no evidence of routine fire drills being carried out with staff.

### **Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Overall inspectors found that residents were protected by the designated centre's policies and procedures for medication management, but some minor improvements were required in relation to the prescribing of crushed medication. There was a clear medication policy in place within the centre that was in line with professional guidelines. Inspectors observed practice in relation to medication administration and found it satisfactory.

Inspectors found that there was a good auditing system in place, the clinical nurse manager carried out an audit on medication management every three months, along with a weekly medication audit being carried out by a staff nurse. Any learning as a result of these audits was not clearly documented. This is something that the clinical nurse manager addressed during the course of the inspection.

Inspectors found the supply of oxygen to be in good working order, however there was not a sufficient numbers of clean masks in stock in the designated centre. This was discussed with the person in charge, and addressed through the course of the inspection.

Not all of the nursing team had up to date training in medication management, however the person in charge had made arrangements for a training session to be carried out

this year, and inspectors reviewed documentation which supported this.

Inspectors found evidence that the palliative care team were involved for any resident requiring pain management medication, and this was reviewed regularly by the palliative team and the nursing staff.

The prescribing of crushed medication was not signed off sufficiently or in line with the centre's own policy on medication management.

### **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:**

No actions were required from the previous inspection.

#### **Findings:**

Overall inspectors found evidence that residents well being and welfare was being maintained in designated centre however some improvement were required under this outcome. General practitioner (GP) services were provided by two doctors locally who visited the centre 4 days a week. There was good access to other allied health care professional in the designated centre, for example the dietician visited every 4-6 weeks, and physiotherapy and occupational therapy was available on a referral basis.

Assessments and care plans reviewed during the course of the inspection were found to be updated every three months as outlined in the regulations, but did not always reflect changes as they occurred. Inspectors reviewed care plans for a sample selection of residents and looked in particular at the following areas; Nutrition, falls, behaviours that challenge, and activities.

Nutrition - Inspectors found that residents had access to a speech and language therapist on referral basis where required, and access to a dietician every 4-6 weeks. Inspectors read one resident file and found an assessment completed by a SALT in relation to swallowing difficulties, and a modified diet prescribed. At meal time, inspectors found that this resident was given a meal not in the consistency as outlined in the assessment, inspectors discussed this with the person in charge during the course of



the inspection. The person in charge informed inspectors that the dietician is due to give training to staff, and she will include the catering staff in this training to ensure all staff fully understand the different diets and their consistencies.

Falls - Overall the number of falls in the designated centre was noted to be low. Risk assessments were found to be completed for residents in the files reviewed however there was no evidence of a post falls update reflected in the care plan for a resident who had recently fallen. There was also no record of neurological observation checks.

Behaviours that challenge - Although some of the care plans reviewed outlined known triggers for behaviour for residents, and outlined suggestions as to interventions that could be tried, inspectors found that this was not consistent practice for all residents who presented with behaviour that challenged. For example one resident had been prescribed psychotropic medication to assist with managing behaviour that challenged. Inspectors found no clear criteria to guide staff as to when it should be administered, what interventions should be tried first, and what other supports could be explored. No triggers had been identified. This was not in line with the centre's own policy on supporting behaviours that challenge and the use of psychotropic medication as a last resort.

Inspectors met the activity co-ordinator during the course of the inspection, and observed staff facilitating activities. Inspectors found there to be a good array of activities on offer to suit the needs and wishes of residents. As well as the activity co-ordinator, staff were assigned each hour to facilitate activities so that all staff members got involved. Residents spoken to expressed satisfaction with the activities on offer.

## **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

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

Inspectors noted that the multi-occupancy rooms had been addressed since the last inspection, and now all rooms consisted of single or twin occupancy. The use of some of the rooms and spaces within the designated centre had been changed since the last inspection and appeared to be benefiting the residents. For example one of the day rooms was now a dining room, and inspectors were satisfied that it provided adequate

space for meal times and offered a pleasant dining experience.

Overall inspectors found that the building was in need of some attention. While the changes to the layout of the rooms were welcomed, there was now a need for some general maintenance work to ensure a homely and comfortable atmosphere for residents. The person in charge spoke with inspectors about the work that she had planned, and inspectors noted part of the nursing home was being painted on the day of the inspection to address this issue.

Inspectors found that there was adequate sluice and laundry facilities for the needs of the centre, however the door to the laundry was not secure, along with other exits around the building. This was discussed with the person in charge under outcome 7 in relation to risk management.

Inspectors found that there was adequate equipment, aids and appliances to support residents to be as independent as possible.

### **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

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

Inspectors found that the complaints of residents, their families, and visitors were listened to and acted upon. Inspectors read the complaints policy and procedure, and found that it needed some improvements in order to be in line with regulations. There was not sufficient information to guide people to an independent appeals process where necessary. The complaints log was found to be satisfactory in recording of complaints, and the outcomes reached. Staff spoken to were aware of the complaints procedure, and residents were able to identify the complaints officer as the person they would go to with any issues or concerns.

### **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:**  
Compliant

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

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

**Findings:**

Overall inspectors found that there were appropriate staff numbers and skills mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff records were reviewed and inspectors found that the majority of staff had up to date mandatory training and access to education and training to meet the needs of the residents. Staff identified as requiring updated training where planned for the next session by the person in charge.

Staff were supervised on an appropriate basis, with a clinical nurse manager on duty over seven days of the week. Inspectors reviewed a sample of staff files and found that they reflected that staff were recruited, selected and vetted in accordance with best recruitment practices and in line with the regulations.

On the day of inspection there were no volunteers recruited and working in the designated centre. Inspectors reviewed a new policy in relation to volunteers and were satisfied that it dealt with the appropriate vetting of volunteers and outlined a signed written agreement would be in place for all new volunteers.

## **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:***

Louise Renwick  
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>	Community Nursing Unit Abbeyleigh
<b>Centre ID:</b>	ORG-0000527
<b>Date of inspection:</b>	30/01/2014
<b>Date of response:</b>	05/03/2014

#### 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 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not accurately describe the facilities and services available.

**Action Required:**

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

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

The Statement of Purpose has been updated in order to describe the facilities and services provided for residents.

**Proposed Timescale:** 05/03/2014

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

The statement of purpose did not include the registration and expiry dates.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 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:**

The Statement of Purpose has been updated in order to reflect registration and expiry dates.

**Proposed Timescale:** 05/03/2014

## **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:**

The contracts of care did not include details of additional fees for services.

**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:**

The respite contract of care has been updated in order to reflect additional fees for services.

**Proposed Timescale:** 05/03/2014

## **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:**

Not all risks in the designated centre were identified and assessed in the risk management policy.

**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:**

Since the inspection the policy on risk management has been updated incorporating identification, assessment of risks and precautions in place to control the risks and is site specific. All risks are identified and listed in the risk register. Local Health and Safety inspections are now formalised.

**Proposed Timescale:** 05/03/2014

**Theme:** Safe Care and Support

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

The risk management policy did not include the specific risks as outlined in the Regulations or give reference to where this was dealt with in other policies.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

The risk management policy covers the following precautions in place for; unexplained absence of a resident; assault; accidental injury to residents or staff. There is a policy for aggression and violence; and self-harm.

**Proposed Timescale:** 05/03/2014

**Theme:** Safe Care and Support

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

There was no evidence of regular fire drills carried out with staff in the designated centre.

**Action Required:**

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Fire drills will now take place three times a year. The first fire drill for 2014 will take place before 31/03/2014.

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

## Outcome 08: Medication Management

**Theme:** Safe Care and Support

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

Each individual crushed medication was not signed off by the general practitioner in line with professional guidance or the centres own policy on Medication management.

**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:**

All individual crushed medication will be signed by the General Practitioner in their medication file.

**Proposed Timescale:** 05/03/2014

## 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:**

Individual care plans were not updated to reflect the changing needs of residents and guide practice.

**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:**

a) All care plans will reflect the changing needs of the resident. This will be audited to ensure compliance. Completed and ongoing.

b) We now have a menu ordering template which reflects the individual dietary requirements of each resident. Completed

c) The dietician has commenced education sessions for all staff. 31/05/2014

d) A template has been created to ensure that the process and evaluation is completed following all falls. Neurological observations will be completed on all residents that fall. Completed

e) Education sessions regarding our challenging behaviour policy are taking place for all staff. 30/04/2014.

**Proposed Timescale:** 31/05/2014

## **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:**

The building was in need of some decorative repair following changes to the layout.

**Action Required:**

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

A schedule is now in place for decorative repairs following changes to the lay out of the unit.

**Proposed Timescale:** 31/08/2014

## **Outcome 13: Complaints procedures**

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

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

The centres policy did not outline an independent appeals process.

**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:**

The nominated independent complaints officer is clearly identified in the complaints procedure.

**Proposed Timescale:** 05/03/2014