| **Centre name:** | TLC Centre Maynooth |
| **Centre ID:** | OSV-0000684 |
| **Centre address:** | TLC Centre, Straffan Road, Maynooth, Kildare. |
| **Telephone number:** | 01 654 9600 |
| **Email address:** | maynooth@tlccentre.ie |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | TLC Nursing Home Limited |
| **Provider Nominee:** | Noel Mulvihill |
| **Lead inspector:** | Julie Pryce |
| **Support inspector(s):** | None |
| **Type of inspection:** | Announced |
| **Number of residents on the date of inspection:** | 84 |
| **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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>02 July 2014 09:00</td>
<td>02 July 2014 18:00</td>
</tr>
<tr>
<td>03 July 2014 07:30</td>
<td>03 July 2014 16:00</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
<th>Outcome 03: Information for residents</th>
<th>Outcome 04: Suitable Person in Charge</th>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
<th>Outcome 06: Absence of the Person in charge</th>
<th>Outcome 07: Safeguarding and Safety</th>
<th>Outcome 08: Health and Safety and Risk Management</th>
<th>Outcome 09: Medication Management</th>
<th>Outcome 10: Notification of Incidents</th>
<th>Outcome 11: Health and Social Care Needs</th>
<th>Outcome 12: Safe and Suitable Premises</th>
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**Summary of findings from this inspection**

This inspection took place following an application to the Health Information and Quality Authority’s (the Authority) to renew registration of the centre. As part of the inspection, the inspector met with residents, relatives, and staff members and an interview was held with the person in charge, the deputy person in charge and the provider, who was new to this post since the last inspection.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed questionnaires submitted by residents and relatives, prior to the inspection, and met with relatives and residents during the course of the inspection.
Overall, the inspector found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland to a high standard as evidenced during the course of the inspection, during interviews with personnel and by review of the many positive questionnaires completed by residents and their relatives.

The inspector found a good standard of nursing care was provided to the residents. Care was provided by staff who were familiar with them and knowledgeable of their health and social care needs. The provider and person in charge promoted the safety of residents and a comprehensive risk management process was in place for the centre including were suitable fire safety procedures.

The inspector found that the design and layout of the premises met residents' needs, the centre was clean and well maintained and there was a high standard of décor appropriate to the needs of the residents.

The areas for improvement required from this inspection are detailed in the report and included in the Action Plan at the end of this report.
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:
Governance, Leadership and Management

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

Findings:
The Statement of Purpose included all the requirements of the Regulations

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clear management structure in place for each department in the centre including the direct delivery of care. There were regular staff team meetings and clinical nurse manager meetings and management meetings. Records of these meetings were kept, but there was no evidence of monitoring that the actions agreed at these meetings were completed.

There was evidence of auditing in various areas of care delivery throughout the service. In particular there was an in depth audit of care planning conducted which was regularly reviewed and showed evidence of identified actions being followed up. Other audits examined however, did not include a system for monitoring the completion of actions,
and so the monitoring of the effectiveness of these actions was not evident.

**Judgment:**
Non Compliant - Minor

### 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):**
No actions were required from the previous inspection.

**Findings:**
A residents’ guide was available which contained all the requirements of the regulations. Each resident had a written contract which outlined the services provided and included details of all costs incurred.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the centre was managed full time by a registered and experienced nurse. The person in charge was familiar with the requirements of Regulations and her responsibilities under them. She was familiar with the residents and their health care needs. She was appropriately qualified and experienced and showed effective leadership and support to staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records and that records relating to residents and staff were maintained in a secure manner. The centre had all of the written operational policies as required by Schedule 5 of the Regulations and in sufficient detail as to guide staff.

Satisfactory insurance arrangements were in place, including insurance cover against loss or damage to the property of residents. The directory of residents and residents guide met with the requirements in the Regulations.

Overall, the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. She told the inspector during the inspection that she was not planning on taking leave from the centre which required notification to the
Chief Inspector.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector found measures were in place to protect residents from being harmed or experiencing abuse. For example, there were records to indicate that staff had received training on how to identify and respond to allegations of elder abuse. The inspector spoke with staff who with were aware of the types of elder abuse, the potential indicators of abuse and the procedure to follow if there was any suspicion or allegation of abuse. There was a policy in place to guide staff and there were records indicating that staff training had taken place and was up to date.

There were robust systems in place to ensure the safeguarding of residents’ finances including double checking of all spending.

There were care plans in place to direct staff in the management of any challenging behaviour in the centre. They included prevention, interventions and were informed by thorough assessments and guided by the centre’s policy. Where medications were required for the management of behaviour that challenges, this was recorded and reviewed appropriately. There was also evidence that medication administration was a last resort after alternatives had been being considered or attempted.

For the most part, restrictive interventions were managed appropriately and records of all incidents and accidents were kept. Actions required were documented following both the use of restraints and of any type incident. Evidence was available that these actions had been implemented.

However, there were bed rails in use for one resident, but no record of consent or an attempt to gain consent from the resident for this restriction. Whilst staff informed the inspector that consent was implied due to the resident’s anxiety if the bed rails were not used, this was not documented either in the care plan or in the risk assessment.
There was evidence of a robust system in the management and trending of falls, led by the physiotherapist, and evidence of the reduction in the number of falls was available.

**Judgment:**
Non Compliant - Minor

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector found the provider had systems in place to promote and protect the health and safety of residents.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed and staff members spoken with by the inspector were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place, including unannounced drills. The inspector also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits was also in place.

There were risk assessments in place for many of the identified risks in the centre, and they had been reviewed regularly, including a risk assessment in relation to a residents smoking. Whilst, not all documentation relating to residents’ care is in the electronic system of care planning, this system is in the early stages and has the capacity to manage all information relating to the individual resident.

A policy on risk management was comprehensive and provided guidance to staff, and addressed all the specific areas required in the Regulations. A risk register was in place which included all the individual risk assessments, and appropriate risk ratings.

**Judgment:**
Compliant
Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that a medication policy was in place which provided guidance to staff. Medication errors were well managed in that there was a system of reporting, investigating and identifying outcomes, trending and learning from errors. The inspector was satisfied that adequate guidance was given to staff as to when to administer ‘as required’ (PRN) medications. There were protocols in place to guide staff in decision making, and regular reviews by the prescriber.

Ordering and storage of medications was well managed, and nursing staff were knowledgeable about the medications they were administrating. A system of competency assessment of staff in relation to medication management was in place.

There were appropriate practices and documentation in relation to residents self medicating, for example, a locked cupboard in the resident’s room for medication storage, and up to date care plans and risk assessments.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied all incidents where required were notified within specified time frame to the Chief Inspector. All staff spoken to were aware of those incidents which must be notified.

Any notifications had been appropriately followed up within the centres systems, including the complaints procedure and the incident and accident analysis systems.
**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found a high standard of healthcare management in the most part. There were thorough care plans in place for both ongoing conditions and for changing situations, for example, for the management of conditions such as epilepsy, diabetes and wound care.

Nursing staff were involved in both General Practitioner rounds and multi disciplinary meetings, during which the needs of each resident were discussed. However, in both of these processes the monitoring of the required actions was sometimes missing, and on some occasions decisions made did not inform the care plans, for example where the multi disciplinary team decision for one resident was that sun cream should be applied, this was not transferred to the care plan.

An electronic system of care planning had been introduced which allows for all records relating to a resident to be located in their electronic file with appropriate access permits for each person involved in care delivery. The system also allowed for recording of implementation of care to be input via touch screens located adjacent to residents’ rooms.

There was evidence of appropriate access to required healthcare professionals including tissue viability nurses.

There was evidence of the provision of a meaningful day for residents. An activity co-ordinator was responsible for overseeing activities, and all residents who were wished to, and were able had at least a weekly outing. There was evidence of daily activities within the centre, including the bringing in of external activities such as pottery and yoga.

Within the centre there was weekly mass, a sensory room and a salon. An area of the garden made available to any resident who wished to make their own garden.
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<th><strong>Judgment:</strong></th>
<th>Non Compliant - Minor</th>
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| **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 for Older People) Regulations 2013.** |

| **Theme:** |
| Effective care and support |

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

| **Findings:** |
| The inspector found the premises to be well maintained to a high standard, clean, comfortable and homely. Bedrooms were clean and well maintained. Rooms were provided with suitable lighting and call-bells were in easy reach. There were adequate private areas for individuals, communal areas and private areas for residents to receive visitors. Assistive equipment was provided where necessary, and was in good working order and adequately serviced. |

| **Judgment:** |
| Compliant |

| **Outcome 13: Complaints procedures** |
| **The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.** |

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

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

| **Findings:** |
| The inspector examined a complaints policy which was adequate to guide practice, including the management of actions, the determining of timeframes and the appeals process. The policy was clearly displayed in the designated centre. A complaints log was in place which records all complaints, including the outcomes and actions taken and resolution recorded. The complaints were trended to monitor any emerging patterns. |
### 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

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

**Findings:**
There was evidence of a caring and respectful approach by staff to delivering of care at the end-of-life. The inspector examined the end of life care policy, which was detailed in its guidance to staff.

All residents who had a life limiting condition or who were approaching the end-of-life had a care plan in place. Where this included any decisions relating to treatment at the end of life this was documented, and also discussed daily at the staff handover so that all staff were aware of any such decisions.

A plan was in place to complete end of life care plans for each resident as their care plans were reviewed on a quarterly basis.

**Judgment:**
Compliant

### 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

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

**Findings:**
The inspector spent time with residents in the dining rooms at meal times and found that residents were discreetly and respectfully assisted with their meals where required. There was evidence of choice being offered to residents, both in advance of meals and again at the time of serving. Snacks and drinks were readily available.
The catering staff were aware of the special dietary requirements and preferences of residents and any information from residents’ care plans or Speech and Language recommendations were available in the kitchen.

The input of speech and language, a nutritionist and a dietician was available, and advance menus were checked by the dietician.

Audits of nutrition and weights were conducted, and included such detail as the effect of various levels of assistance required on the maintenance of weights.

**Judgment:**
Compliant

### Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
There was evidence that staff respected residents’ privacy and dignity. Interactions were respectful and appropriate. An advocacy service was available to residents, and there was a named advocate.

A residents’ forum had been established, the group met regularly and minutes of these meetings were kept. There was also evidence that residents had been involved in their care plans where possible.

Visits from relatives and friends were facilitated appropriately and there were several separate areas in which visits could be conducted in private. It was clear that visits were being welcomed and facilitated during the course of the inspection. Communication was facilitated by staff, and where residents had difficulty with communication an assessment and plan was available in the care plans.

**Judgment:**
Compliant
### Outcome 17: Residents’ clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

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

**Findings:**
The inspector was satisfied that residents’ possessions were safely managed and there were clear safeguards evident in the management of residents’ finances. There was a policy in place to guide staff and practice was observed by the inspector to be consistent with this policy. Adequate storage was available, clothing was well managed, laundered and stored. An inventory of possessions was maintained for each resident, which indicated whether the person kept these possessions personally or whether they were stored by the centre.

**Judgment:**
Compliant

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### 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that staffing levels and skill mix were adequate to meet the needs of residents. Mandatory staff training was up to date, and various other relevant courses were offered to staff. Some staff were trainers in relevant areas for the support of other staff.

Staff files were maintained to include the documentation required by the regulations, and additional monitoring took place to ensure the ongoing suitability of staff members.
Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems did not always ensure effective monitoring of service provision.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
We have a management system in place to audit all practices. This auditing system is conducted on a regular basis (1-3 monthly). In response to the inspection a review of all audits will be formally conducted within a week following completion to ensure any outstanding action plans are completed to ensure effectiveness of these actions and inform future practices.

Proposed Timescale: 25/07/2014

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Consent had not been obtained for the implementation of some restrictive practices.

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
In line with National Policy for Restraint/TLC Restraint policy if a resident requires restraint, consent will be obtained for the implementation of all restrictive practices. Staff have been trained in ensuring consent is sought in an appropriate and timely fashion.
All restrictive/restraint practices will be reviewed and audited on a quarterly basis by the multidisciplinary team to ensure compliance in line with the National Policy, the effectiveness of this will be monitored on a regular basis.

Proposed Timescale: 14/11/2014

**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 did not always address the assessed needs of residents.

**Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).
Please state the actions you have taken or are planning to take:
All residents have individual care plans in place to reflect the individual needs of the resident as identified by the resident/family/ GP rounds/MDT meetings. Any identified needs are communicated to the staff/family/resident. All care plans are updated on a 3 monthly basis or sooner if required, any identified changes are then brought to the attention of all staff caring for the resident by means of daily handovers, communication books, care plans and daily progress notes.

An audit of this communication process will be conducted on a regular basis (1-3 monthly), by reviewing the care plan and reviewing all communication documentation used. The effectiveness of this process will also be monitored in discussion with staff and residents.

**Proposed Timescale:** 23/07/2014