

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Portumna Retirement Village
<b>Centre ID:</b>	OSV-0000378
<b>Centre address:</b>	Brendan's Road, Portumna, Galway.
<b>Telephone number:</b>	090 97 59170
<b>Email address:</b>	info@portumnaretirementvillage.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Tony Williams
<b>Provider Nominee:</b>	Tony Williams
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	Karina O'Sullivan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	60
<b>Number of vacancies on the date of inspection:</b>	3

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 28 October 2015 10:00 To: 28 October 2015 19:50

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, staff, a person participating in management and the provider nominee. The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files.

Throughout the inspection, staff and the person participating in management demonstrated competency in relation to their roles and a commitment to providing a good quality service to residents. The provider nominee demonstrated knowledge of their requirements under the Regulations.

The person in charge was not in the centre on the day of inspection. Following the inspection inspectors spoke with the person in charge by phone. She was knowledgeable of her role, residents’ needs and her responsibilities as required by the Regulations.

Residents spoken with said they felt safe and were listened to. In addition, residents were complimentary of the food and of staff working in the centre.

There was evidence of good practice in all areas of the centre. Six of the ten outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (hereafter called the Regulations) with four outcomes judged as moderate non compliant.

Areas identified as requiring improvement were:

- the measures in place to ensure the use of restrictive measures were in line with national policy
- the assessment and response to some risks
- the storage of some medicinal products
- the measures to ensure it was evident that all medicinal products were administered in line with the prescriber's directions
- the measures to ensure all residents' assessed needs had corresponding care plans in place and that care plans were sufficiently comprehensive.

The findings are outlined in the report and the actions required and the provider's response are included in the action plan at the end of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that accurately described the service that was provided in the centre. The services and facilities outlined in the centre's Statement of Purpose, and the manner in which care was provided, reflected the different needs of residents.

**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 clearly defined management structure that identified who was in charge, who was accountable and what the reporting structure was.

The Director of Nursing held the role of person in charge of the centre. Staff nurses reported to the person in charge and were in charge of the centre when the person in

charge was not on the premises. The provider nominee, who was a registered nurse, provided support to the centre on a regular and consistent basis.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. An annual review of the quality and safety of care in the centre had taken place and it was evident the information provided had been used to improve the service provided to residents.

A quality improvement plan had been compiled for 2015 and areas for improvement such as improvement to furnishings and the provision of staff training had been identified and were being responded to.

**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:**

There was a full-time nurse in charge of the designated centre. She was suitably qualified and had a minimum of three years experience in the area of nursing of the older person within the previous six years.

The person in charge was not present on the day of inspection. Inspectors spoke with the person in charge by phone following the inspection and it was evident she was knowledgeable of her role, the residents and her statutory responsibilities.

She outlined the ways she was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

**Judgment:**

Compliant

***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 provider was aware of his responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more. A period of absence in 2012 had been notified to the Authority as required.

The provider nominee was identified as the person who would undertake the person in charge role if the person in charge was absent from the centre for an extended period of time. Documentation viewed showed that the provider nominee was a registered nurse with active registration for 2015. He was present on the day of inspection and was aware of his role and responsibilities should he be required to fulfil the role of person in charge.

**Judgment:**

Compliant

***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 centre had implemented measures to protect residents from being harmed or suffering abuse. Allegations of abuse had been responded to appropriately by the person in charge of the centre. Improvement was required to the measures in place for responding to behaviours that challenge and the measures to ensure restrictive devices were released as required.

There was a policy and procedures in place for responding to allegations of abuse. Staff had received training in the prevention, detection and response to suspected or confirmed allegations of abuse. Staff spoken with were knowledgeable of their role in safeguarding residents, responding to allegations of abuse and informing the person in charge, person participating in management or provider nominee of any concerns.

Residents spoken with said they felt safe and said they would speak with the person in charge or a staff member if they had any concerns.

There were systems in place to safeguard residents' money and valuables. An inspector viewed a sample of records and found these were accurate and consistent with the amount which was maintained for the resident.

There was a policy in place for responding to behaviour that is challenging. Staff had received training in responding to behaviours that challenge.

Some residents were prescribed medicines to respond to behaviours that challenge (chemical restraint). Improvement was required to the use of these medicines as it was not evident that these were being used in line with national policy. For example, although there was an outline of a resident's needs it was not adequately detailed and it did not outline the specific proactive and reactive strategies used to respond to the resident's behaviours that challenge. As a result it was not evident the use of medicines to respond to behaviours that challenge was the least restrictive measure for the shortest possible duration.

There was a procedure for the use of restraint. Risk assessments on the use of restraints such as bedrails and lap belts had been carried out.

Improvement was required to the measures in place to ensure that the restrictive devices were released on a two hourly basis in line with policy. There was no record of the release of a resident's lap belt for 12 days in a seven week period and the records were not always signed by the staff member responsible for ensuring the restrictive measure was released.

**Judgment:**

Non Compliant - Moderate

***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 centre had policies and procedures in place in relation to health and safety.

The centre had measures in place to respond to the risks of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and

violence, and self-harm. A range of risk assessments had been carried out and control measures had been identified and implemented.

Improvement was required to risk assessments for residents who smoke. A risk assessment had not been carried out with all residents who smoke and it was therefore not evident that all required control measures had been identified or responded to.

There were inconsistencies in regard to the control measures required by a resident when smoking. Two risk assessments had been carried out and one stated the resident required a smoking apron while the other did not reference the requirement for a smoking apron. Due to these inconsistencies it was not evident that all staff would have access to the accurate information when supporting the resident.

Staff had received training in moving and handling and an inspector observed good moving and handling practices in the centre.

Reasonable measures were in place to prevent accidents in the centre and it was evident the centre valued continuous improvement in this area. The centre's quality and improvement plan outlined changes to the centre's light fittings and the addition of call bells in communal areas and outside the front door to allow residents to call for assistance, if required, when sitting outside.

Fire exits were unobstructed and corridors were clear of any items which could impede evacuation in the event of an emergency.

Suitable fire equipment was provided throughout the centre. There was documentary evidence fire equipment was serviced on an annual basis and the fire alarm was serviced on a quarterly basis. Staff spoken with were knowledgeable of the response to be taken if the fire alarm was activated or if the centre required evacuation.

An inspector viewed the procedures for the prevention and control of healthcare associated infections and found these were consistent with the Authority's Standards.

Two hand washing stations were in place to facilitate visitors, residents and staff to adhere to effective hand hygiene.

An inspector observed a sharps box which had items protruding from the top of the box. This was brought to the immediate attention of staff who attended to this on the day of inspection.

**Judgment:**

Non Compliant - Moderate

***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:**

There was a policy and procedures for prescribing, administering, recording, storing and disposing of medicines and a system for reviewing and monitoring safe medication management practices. Improvement was required to the storage of some medicinal products and to the measures in place to ensure that residents' prescription sheets showed that medicines which were crushed were prescribed as such by the prescribing medical practitioner.

The procedures for storing medicines which required specific control measures were viewed. The medicines were stored securely and were documented as counted by two nurses at the change of each shift. An inspector counted a sample of these medicines and found they were consistent with the records maintained.

A sample of residents' medicines were viewed. Medication trolleys were used by nurses when administering medicines in the centre. The trolleys were locked and stored securely when not in use.

Some medicinal products were not stored securely in the centre. Medicinal products were left on the top of the unattended trolleys while nurses administered medicines to residents.

Some residents' medication prescription sheets were viewed. It was not evident that all medicines were being administered in line with the directions of the prescriber. Prescription sheets did not show that medicines which were crushed were prescribed to be administered as such by the prescribing medical practitioner.

A fridge for storing medication which needed refrigeration was viewed. Medications requiring temperature control were stored in the fridge. The temperature of the fridge was recorded on a daily basis.

The medication fridge was unclean on the day of inspection. This was brought to the immediate attention of a nurse on duty. The action relating to this is included in the action plan under Outcome 8: Health and Safety and Risk Management.

**Judgment:**

Non Compliant - Moderate

***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:**

Residents were supported to access allied health professionals as required and had a choice of remaining with their current general practitioner (GP) or the centre would support residents to choose a GP. Residents were supported to access to a range of allied health professionals such as speech and language therapy, ophthalmology, audiology, dental services, chiropody and occupational therapy.

A range of assessments had been carried out which informed care plans. Areas such as residents' risk of developing pressure ulcers, risk of falling, moving and handling assessments and personal care assessments had been carried out.

Improvement was required to the measures in place to ensure that all assessed needs had a corresponding care plan in place and that care plans were sufficiently comprehensive. For example, a resident assessed as at risk of developing pressure ulcers and at risk of infection did not have corresponding care plans in place and care plans which identified the needs for pressure relieving items did not outline the specific items required by the resident.

The centre had employed activities coordinators to deliver activities to residents. The activities coordinators were implementing activities based on residents' identified needs and preferences. Residents spoken with said they liked the activities. The inspector observed activities taking place and found they were delivered in line with residents needs.

An inspector met with an activities coordinator and reviewed a sample of residents' life story books. The activities coordinator outlined the provision of activities for residents. This included dementia specific activities for residents with dementia and one to one activities where required.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a policy and procedures in place for the management of complaints. There was a nominated person to respond to complaints and a person appointed to oversee complaints to ensure all complaints are responded to and records maintained. The complaints procedure was displayed in a prominent position in the centre.

Residents and their family members were made aware of the procedure for making complaints and were supported to make complaints.

Residents spoken with identified the person in charge as the person with whom they would speak if they wished to make a complaint. A resident told an inspector they had made a complaint and were satisfied with the outcome.

The centre's annual review included an analysis of complaints received and categorised them into religious services, resident care, personal belongings, food and drink, equipment and care environment. Each category was analysed and findings and improvements required were identified.

An inspector viewed the log of complaints received in the centre and noted that complaints received were responded to. The complaints received and the results of investigations and actions taken in response to complaints received were recorded. Responses to complaints received in the centre were appropriate.

**Judgment:**

Compliant

***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:**

An inspector viewed the staff rota and observed staffing levels on the day of inspection. Following the inspection, the person in charge outlined the staffing levels which were based on residents' assessed needs, a staffing assessment tool and the person in charge's professional experience and knowledge. She stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents' needs.

Training records showed that all staff had undertaken training in a variety of areas relevant to their roles including manual handling, fire evacuation, prevention, detection and response to suspected or confirmed allegations of abuse, CPR (cardiopulmonary resuscitation) and first aid.

13 care assistants working in the centre had undertaken training in Care of the Older Person and 7 care assistants were in the process of undertaking this training. Other qualifications held by care assistants working in the centre included qualifications to degree level in social care, social science and psychology, training in nursing studies and training in mental health needs. The activities coordinators had received training in SONAS.

From a review of the records maintained and from speaking with staff and management it was evident that training for staff was prioritised and valued in the centre. The centre's annual review included an analysis of training and staff retention.

An inspector reviewed a sample of staff files and found that all required documents such as Garda Síochána vetting, references from previous employments and proof of identity were maintained.

A volunteer file was reviewed by the inspector. Evidence of Garda Síochána vetting and a signed agreement of roles and responsibilities was maintained.

Staff spoken with were knowledgeable of residents needs, the centre's policies and procedures and the measures to be taken if they received an allegation of abuse. Staff were observed interacting with and supporting residents in a respectful and warm manner. From interactions observed it was evident there were good relationships between residents and staff.

**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:***

Lorraine Egan  
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>	Portumna Retirement Village
<b>Centre ID:</b>	OSV-0000378
<b>Date of inspection:</b>	28/10/2015
<b>Date of response:</b>	30/11/2015

### Requirements

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

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

### Outcome 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

It was not evident that physical restrictive measures had been released two hourly in line with policy.

It was not evident that the use of chemical restraint was the least restrictive measure for the shortest possible duration in line with national policy.

#### 1. Action Required:

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

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:**

(1)The recording of all physical restrictive measures is now monitored daily by the nurse of duty.

(2)We plan to introduce a specific care plan in respect of chemical restraint that will document more details of the measures considered prior to the administration of any chemical restraint medication following GP/Psychiatric team intervention.

Proposed Timescale:

(1)Action Completed

(2)This specific care plan will be in place for all appropriate residents by 15th January 2016

**Proposed Timescale:** 15/01/2016

**Outcome 08: 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:**

Some control measures to respond to risks for residents who smoked were not consistently detailed on risk assessments.

**2. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

(1)Risk assessments relating to residents that smoke will now be detailed on the computer system only and will be reviewed three monthly. Any specific risks identified will be care planned accordingly under 'Maintaining a safe environment'

**Proposed Timescale:** 31/12/2015

**Theme:**

Safe care and support

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

Risks in regard to the cleanliness of the fridge used for storing medicines, a sharps box which was overfilled and smoking for some residents not been identified and responded to.

**3. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

- (1) Fridge was cleaned during the inspection and cleaning schedule put in place.
- (2) Sharps box was emptied during the inspection and will be monitored weekly.
- (3) Risk Assessments for residents that smoke will be dealt with as detailed above

**Proposed Timescale:**

- (1) Fridge – Action Completed
- (2) Sharps Box – Action Completed
- (3) Action will be completed by 31st December 2015

**Proposed Timescale:** 31/12/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Some medicinal products were not stored securely in the centre.

**4. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

- (1) All medical products have been removed from the top of the trolley

**Proposed Timescale:** 28/10/2015

**Theme:**

Safe care and support

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

It was not evident that all medicines were being administered in line with the directions of the prescriber.

**5. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

(1) Drug Kardex has been redesigned (with input from GP and Pharmacist) to incorporate a coded system indicating how exactly medication is to be administered. This will also include a referral to the supporting 'back charts' that detail administering guidelines in line with best practice.

(1) Design is currently with printers, expect to have new Kardex in place by 31st January 2016.

**Proposed Timescale:** 31/01/2016

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

**Theme:**

Effective care and support

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

Some residents' assessed needs did not have corresponding care plans in place which set out the supports required in regard to the need identified and some residents' care plans were not adequately comprehensive.

**6. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

An audit of resident care needs and the appropriate care plans will be conducted to ensure that there is a care plan in place for all identified needs. The audit will also identify in which care plan the need is addressed.

**Proposed Timescale:**

(1) Audit will be completed by 31st January 2016 and any identified actions completed by 28th February 2016

**Proposed Timescale:** 28/02/2016