

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004906
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Leone Ewings
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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: 26 August 2015 11:00 To: 26 August 2015 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was the first inspection of the centre and was completed giving short notice announcement of two hours to the provider and person in charge. The provider operates a community based five bedroom bungalow to provide services for up to six residents. The designated centre located in Westmeath on the outskirts of a town and is operated by the Health Service Executive.

Inspectors met with residents and staff on this inspection. Inspectors also observed practice and reviewed documentation as part of the methodology for gathering evidence. Inspectors found staff on duty to be respectful with residents. Residents reported satisfaction with supports in place for daily life at the centre, and the premises.

Of the eight outcomes inspected, compliance was identified in two outcomes - healthcare needs, and medication management. Substantial compliance was identified in two outcomes; staffing and records.

Moderate non - compliance was identified in three outcomes which are listed below:

- Outcome 5 : Social Care Needs
- Outcome 7: Health and Safety and Risk Management
- Outcome 8: Safeguarding and Safety

Outcome 14: Governance and Management

The actions outlined in the action plan can be found at the end of this report. Three actions are the regulatory responsibility of the provider, and three are the regulatory responsibility of the person in charge.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The house environment was homely and relaxed and facilitated each residents interest and hobbies with adequate storage. The residents had a small pet dog living at the centre. Four residents had their own private room, two residents were currently sharing a twin room with an en-suite shower room. Accommodation was of suitable size, on one level, hygienic and fit for purpose. There was sufficient communal and private space in the house for all six residents comfortably. For example, some residents enjoyed music and had music systems, and television in their rooms, one resident also had had an exercise machine in her room. There was a large patio outside in the garden of the house, and a barbecue had taken place recently with visitors from another community house attending this social occasion.

Inspectors observed that staff made efforts to meet the activation needs of residents by involving them in the daily routine of the centre, and involvement with life skills such as cooking, making drinks, vacuuming, ironing, laundry and money management. One of the five residents living in the centre was facilitated to attend a structured day service five days per week. Residents went to the local post office to collect their money and engaged in meals out and social outings and shopping. Visits to the nearby local church and open farm were also facilitated.

There was evidence that multi-disciplinary assessments had been conducted. The recommendations from the assessments were implemented in the residents' plans of care. For example, inspectors reviewed a report by the behavioural nurse specialist which clearly identified interventions to be implemented to meet the needs of a resident exhibiting challenging behaviour. Triggers and difficulties around going outside in the

house vehicle were identified and a plan was in place to reduce noise and stimulus. Strategies around playing music and singing on car journeys had been undertaken and evaluated with the involvement of an occupational therapist.

All residents have access to and assessments in place from the speech and language therapist based in a nearby campus. Sensory difficulties are clearly outlined in each residents assessments and inform the personal plans, and communication passports. Assisted devices such as electronic tablets had been purchased by one resident, and she had attended a computer course and enjoyed using the device for music and other interests.

Each resident had a personal plan in place referencing a system for assessing their needs and developing a plan to meet identified needs. The inspectors reviewed the personal plans in place for a sample of residents. Findings confirmed that each personal resident's plan was recently reviewed. However, the documentation did not always reference a reasonable level of involvement by residents in the review process. Personal plans centred around getting out into the community which was seen as positive. Activities identified in personal plans as goals were part of the current routine for some residents or were not always meaningful. This was an area which required further development and improvement. The documentation of daily activity as referred to in Outcome 18 of this report did not always readily inform the review process.

Long term goals were not clearly identified or planned for with the involvement of the resident and/or their representative. For example, a goal for one resident was to get a job. However, progress with this had involved engaging with voluntary work in the local church with a staff support. Practical supports needed for the resident in greater independence and finding suitable employment has not been fully explored or broken down to facilitate further development in this area. This finding did not facilitate a review of progress with achieving goals.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place regarding health and safety and risk management. There was a risk register in place however inspectors found that it did not adequately identify all hazards within the designated centre with concomitant controls to

mitigate risks identified. An audit of the risk register took place on 5 July 2015 by the provider, and it was noted that a clinical governance committee was not in place for this service.

Measures and actions in place to control unexpected absence of a resident, accidental injury to residents, visitors and staff, aggression and violence and self-harm were adequate. Some residents documentation reviewed by the inspector recognised and detailed that they occasionally engaged in self-harm. Measures were in place to monitor and mitigate risks associated with self injurious behaviours with supports in place for residents and staff. Residents had missing person profiles completed in their personal documentation.

The inspector reviewed the systems in place for the management of infection control. This had been a failing identified on the previous inspection. There was evidence of adequate infection prevention and control practices in the centre. There were cleaning schedules in place and inspectors observed the centre to be visibly clean. Inspectors found that there was appropriate personal protective equipment available and used by staff in the centre. Laundering and waste management procedures were in line with best practice to prevent cross-infection. Staff spoken with were knowledgeable regarding infection prevention and control practices.

There were fire procedures in place and displayed to inform and guide staff and residents. A recent visit had taken place from the statutory fire service, and recommendations had taken place regarding the installation of a carbon monoxide alarm owing to the use of an open solid fuel fire in sitting room. This had not been completed to date and the inspector noted that the fire was not in use at the time of the inspection.

Personal evacuation risk assessments had been completed for residents to inform their safe evacuation needs. There was evidence of regular fire drills at night and during the day. All staff had completed fire training and participated in fire drills. All designated fire exits were observed to be free of obstruction on the days of inspection. Weekly fire prevention checking procedures were completed however there was missing entries in the confirmatory records for required daily checking procedures. Service records for the fire alarm and the lighting was last completed on 20 May 2015 and up to date. An additional service visit took place on 16 June 2015 as a follow up to maintenance and to install updated fire instructions.

Judgment:

Non Compliant - Moderate

Outcome 08: 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 assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach

to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to support practice in adult safeguarding. There had been no reports to the Authority or allegations of abuse recorded at the designated centre.

The person in charge confirmed to the inspector that staff had received up to date training during the first quarter of 2015, and read the policy on safeguarding implemented by the Health Service Executive in December 2014. Staff interviewed by the Inspector were knowledgeable about the forms of abuse, and how to respond appropriately. The inspector observed staff interacting with residents and all did in a respectful and courteous manner.

Management at the feedback meeting stated to their knowledge all staff had received training in adult safeguarding. The provider could not evidence this as staff had not signed the sheet accompanying the policy to show that they had read and understood this policy. There were no agency staff on duty at the time of this inspection.

Inspectors reviewed the systems in place for the safeguarding of residents' personal finances and were assured that the practices in the designated centre were robust. Residents were fully supported to be independent with their finances and money management in line with best practice.

Positive behavioural support plans were in place and provided guidance on managing challenging behaviours in a person centred way. Residents did not have any restrictions on their day to day life, in the form of restrictive practices or restraint.

As outlined in Outcome 17 staff files were not available at the time of this inspection to confirm vetting procedures were in place for all staff on the roster, this will be considered as part of the registration inspection.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence that the healthcare needs of residents were adequately met on this inspection. The inspector found evidence on this inspection to confirm that residents' access to allied health professional supports were in place, findings on this inspection supported timely access to appropriate healthcare for all residents.

Each resident had a care plan in place to address their needs developed following assessment. All residents' health care needs were identified with a written care plan in place. The inspectors also found that documented interventions demonstrated evidence of review of health care and timely access to General Practitioner, specialist review in hospital and referrals to professions allied to medicine. For example, one resident had written guidance for staff for a resident with a mobility difficulty and the use of a mobility aid was clearly outlined in the care plan to inform and guide staff.

The inspector observed a resident mealtime where choice and independent dining was promoted and supported by staff. The food provided was nutritious and residents confirmed they enjoyed mealtimes which were social and inclusive. Residents requiring any supports with eating received help from staff discretely and sensitively. Residents and staff were observed to interact positively during mealtimes. Menus were discussed at house meetings and individual food choices built into an agreed menu.

Residents weights were recorded monthly, with one resident engaged in a healthy eating meal plan and had an exercise treadmill available to support them with exercise at home. The inspector was advised by the person in charge that a dietician had assessed all residents with regard to nutrition in recent weeks and there were no residents with unintentional weight loss. One resident had dietary recommendations as part of a medical diagnosis and this was facilitated with regard to foods to avoid and individual requirements relating to use of dairy products. One resident had been involved with a cooking course, and other residents were observed making drinks and snacks during the day.

As outlined in Outcome 18 the daily narrative and documentation of care required review to clearly outline daily life for the resident.

Judgment:

Compliant

Outcome 12. Medication Management

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were written operational policies in place relating to medication management, and the processes in place for the handling of medication was safe. Staff followed appropriate medication management practices as observed on inspection. Pharmacy support was available for residents and staff and an audit had taken place on 5 August 2015 by the pharmacist. Medicines which require close monitoring by medical and nursing staff were monitored. For example, medicines for managing epilepsy had been reduced recently for one resident and new medication had been prescribed and obtained from the pharmacy provider.</p> <p>Staff training and updating in medication management had been completed by all nursing staff involved with medication management. Inspectors observed practice in the centre regarding receiving, storage and administration of medication, and found that staff were competent in this area. The centre had introduced plans and a new policy for staff training on administration of emergency medication to residents who experienced seizures. However, this had not commenced to date and staff competencies had not been assessed for the medication administration by care staff. Two residents were identified to the inspector as previously having seizure activity on an infrequent basis as this aspect of their health care was well managed.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The governance and management arrangements were not adequate. The Authority was</p>

advised that the person in charge was not full-time and she was working in a shared role with another community house in the area. She was requested by the provider nominee to oversee the management of the designated centre since May 2015. The hours worked by the person in charge between the two designated centres were not accurately documented as referred to in Outcome 17 of this report. Deputising arrangements for the absence of the person in charge role was not found to be adequate at this designated centre.

The person in charge reported to the assistant director of nursing who in turn reports to the regional director of nursing. The regional director of nursing reports to the disability manager who in turn reports to the general manager. The general manager is the person nominated on behalf of the provider. The arrangements in place for the person in charges' full time role had changed in recent months as she was now working between two designated centres, with inadequate deputising arrangements found at the time of this inspection.

Staff reported that they were supported by the person in charge. Mandatory training was up to date and she demonstrated leadership to the staff group. However, no formal supervision systems were in place for staff, some of whom worked alone with residents. As outlined in Outcome 8 the provider and person in charge could not evidence that staff had read the National policy in place on safeguarding persons at risk of abuse in a robust manner; further to recent non-compliances in designated centres also run by the same provider.

This finding requires review to ensure a comprehensive and responsive system of management is in place to meet the assessed needs of residents in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. 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:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed staffing with the person in charge. The deputy manager has

been on long term leave since June 2015 and she had identified another staff member to cover this absence in the interim. However, during this time the role of the person in charge had changed and she was now responsible for another community house. However, the staff rosters did not reflect the actual hours worked for the person in charge at this designated centre. Clear arrangements about the nurse on call were not found to be reflected on the staff roster or in practice as communicated by the staff and person in charge. Local arrangements to contact the person in charge were not in line with the provider arrangements outlined at the time of feedback to the provider nominee.

The numbers and skill mix of staff were adequate to meet the needs of the six residents. A waking care staff member provided night cover from 22.00 hours each night. A staff nurse was rostered each day to undertake medication management and supervise care and supports. Some care staff had recently increased their working hours from part-time, and agency care staff were used only in cases of unanticipated leave on an infrequent basis, this helped in provision of continuity of care. A range of qualifications and experience was available in the staff team, including nursing, social care and behavioural supports.

Mandatory education and training had been provided to staff in regards to fire, moving and handling and safeguarding. The inspector viewed staff training. However, as referenced in Outcome 8 the provider could not evidence that all staff had read the safeguarding policy further to recent training.

Schedule 2 information from staff files were not reviewed as part of this inspection and will be examined as part of the registration process. No volunteers were working at the centre at the time of inspection.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

The policies and procedures required by the regulations were in place and they generally reflected practices in the centre. While the majority of records maintained in the centre were accurate and up to date there was some room for improvement.

Inspectors found that policies reflected care practices and that staff understood the policies and procedures and implemented them. The majority of records reviewed by inspectors were up-to-date and of a good quality. Some records retained by the centre which were handwritten were not found to be detailed or fully reflective of the type of day (or night) residents experienced and lacked detail.

There was adequate space in the centre for the retention of records and the inspector found that records were stored in a locked cabinet.

Judgment:

Substantially 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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0004906
Date of Inspection:	26 August 2015
Date of response:	09 October 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal planning to maximise independence of residents was not fully reflective of the long term goals for each resident.

1. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident

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

no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

All Care Plans and Person Centred Plans have been reviewed with each individual and meaningful Goals for Personal Development have been identified, with the individual their families and members of the Multi Disciplinary Team.

All Individuals have a structured Day Service in place. This Service provides personal skills Training and Development.

One individual is being supported by staff in the Designated Centre to take part in a Skills Training Course to increase their capacity and potential to participate in Employment in the Community.

Proposed Timescale: 09/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Recommendations for the installation of a carbon monoxide detector had not been implemented by the provider.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy 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.A Carbon Monoxide Detector has been installed in the Designated Centre on 24th/9/2015

Proposed Timescale: 24/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was insufficient evidence that staff had read and understood the safeguarding vulnerable persons at risk of abuse National policy and procedures (2014).

3. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- 1.All staff have read, signed and understand the National Policy & Procedures, Safeguarding Vulnerable Persons at risk of Abuse.
- 2.Three staff in the Designated Centre are scheduled to attend further Training in the Protection of Vulnerable Adults on 9/10/2015.
- 3.Four staff in the Designated Centre are scheduled to attend further Training in the Protection of Vulnerable Adults on 14/10/2015.
- 4.Three staff are scheduled to further Training in the Protection of Vulnerable Adults on the 22/10/15.

Proposed Timescale: 22/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was not full-time and additional requirements to undertake management responsibilities in another designated centre had impacted on the supervision of this centre.

4. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

- 1.There is a plan in place to support the PIC with a Deputy PPIM in each of the two houses in the Designated Centre.
- 2.The PPIM will submit their documentation to HIQA within the proposed Timescale.
- 3.The Person in Charge will have 20 hrs Administrative time allocated each week, to visit, supervise and support the two houses in the Designated Centre to provide effective Governance in the Designated Centre.

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

The hours worked by the person in charge on the staff rota was not fully maintained in line with Regulations.

5. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

1.The staff rota has been revised to indicate the PIC, PPIM and the staff on duty during the day and night in the Designated Centre.

Proposed Timescale: 09/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Records relating to daily narrative were not detailed and contained repetitive information which did not enable an evaluation of care and supports in place to be reviewed.

6. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1.All staff will complete Training in Record keeping and Documentation.4 staff will attend Training on 13/10/2015.

2.An Audit will be carried out by the Person in Charge of records relating to daily narrative in care plans and PCP Goals Bi Annually. The Results of the Audit will be communicated to the staff in the Designated Centre.

Proposed Timescale: 30/11/2015

