

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002932
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Sharon Balmaine
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	Conor Dennehy; Gary Kiernan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	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: 29 June 2015 10:30 To: 29 June 2015 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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**

HIQA became significantly concerned about the safety and the quality of life for residents in St Raphael's campus, a residential service operated by St John of God Kildare Services. St Raphael's residential campus contains seven designated centres providing residential services to 137 people with intellectual disabilities.

Following the initial inspections in 2015, inspectors undertook a series of ten planned inspections to assess the progress of the provider in addressing the issues of concern which were impacting on the lives of residents.

These unannounced inspections found evidence of institutional practices, poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued a series of immediate actions, warning letters and held regulatory and escalation meetings with the provider and members of senior management.

Due to a failure of the provider to implement effective improvements for residents, HIQA issued notices of proposal to cancel the registration of three of the centres on this campus. The provider subsequently issued HIQA with plans for the closure of one designated centre, and transitional plans to provide alternative living arrangements for a number other residents which addressed the resident's safety, welfare and quality of life.

The most recent inspections have confirmed that the provider has undertaken substantive changes in governance and management across this campus. There have been improvements in staffing, persons in charge and other management positions. While there continues to be non compliances, and further improvements are required in relation to the quality of life for residents, the provider has demonstrated that they are now taking effective action to achieve these improvements.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This inspection report specifically relates to one designated centre on the provider campus. The purpose of this inspection was to follow up on previous areas of identified risk, negative outcomes for residents and substantial non compliance with the Regulations and Standards. HIQA conducted two previous monitoring inspections (04/03/15 and 14/04/15) of this designated centre and were very concerned based on the negative findings from these inspections.

This centre was issued a warning letter by HIQA on 02 April 2015 due to the high level of non compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

At the time of this inspection, HIQA had received a corporate and centre specific action plan responses from the provider offering assurance to the Chief Inspector that this designated centre was being operated in accordance with undertakings previously submitted. However, inspectors found that actions had not been taken in accordance with these assurances.

As part of this unannounced inspection, the inspectors met with a person identified as deputising for the person in charge, a clinical nurse manager, nursing staff, care assistants and residents. The inspectors observed practice and reviewed documentation such as personal plans, health care plans, medical/clinical information, accident and incident records, risk assessments, policies, procedures and protocols, governance and management documentation and staff training records. Inspectors observed the experiences of residents in this centre, many of whom had significant intellectual and physical disabilities.

A suitable person in charge was not in post and the governance and management of this centre was still not operating at a satisfactory level to ensure regulatory compliance. Inspectors found non compliance in all but one of the areas inspected. The inspectors found that while some minor improvements were evident, the

outcomes for the residents living in this centre had not improved significantly. Inspectors were particularly concerned at deficits in the following areas:

- Workforce and Staffing
- Resident's Quality of Life
- Suitability and Safety of Premises
- Governance and Management
- Safeguarding and Safety
- Healthcare Needs (Including Food and Nutrition)
- Individual Assessment and Social Care Needs

Inspectors found that many practices in this centre continued to be institutional in nature. There were not enough staff to meet the needs of residents and the skill mix of staff on duty was not satisfactory. Residents were not provided with individualised services.

All of these areas are discussed in detail in the main body of the report and in the action plan at the end of the report.

**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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. 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:**

Individualised Supports and Care

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

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

**Findings:**

Residents' rights, dignity and consultation were not being adequately promoted in this designated centre. The inspectors found that the actions issued following the previous inspections were not satisfactorily implemented to ensure residents were being appropriately supported in this area.

**Privacy and dignity:**

Residents' rights and dignity were not fully respected or promoted in the designated centre. Inspectors found a draft privacy and dignity protocol had been devised but had been not implemented and there was no accessible version for residents. There were no practical changes from a privacy and dignity perspective since the previous inspection with residents' bedroom doors left open and visitors (maintenance/catering/delivery personnel) observed walking in and out of the unit freely without knocking on the door or signing the visitor's book. Some residents shared dormitory style multi-occupancy bedrooms with inadequate storage space.

An appropriate review had not been completed regarding residents intimate care plans (as per action plan previously submitted to the Chief Inspector) with the CNM (Clinical Nurse Manager) stating that they had been 'looked at'. Inspectors found that only one quarter of these plans had been updated since the previous inspection and there remained intimate care plans in place that were not reviewed and did not reflect residents' current needs. The inspectors spoke to staff on duty who were not familiar with residents intimate care plans and some staff stated they had not read same.

The practices regarding storage of residents personal information in communal areas were unchanged since the previous inspection (despite assurance made in action plan submitted) with residents information still found in an unlocked broken cabinet. New cabinets had been installed but were not in use at the time of inspection.

#### Choice and Consultation

While there were some residents meetings minutes reviewed which were completed in more detail than on the previous inspection further improvement was required in this area. Inspectors found that residents had limited meaningful choice, control or consultation regarding their daily lives. For example, residents did not have choice regarding activities, when they went to bed, when they had a bath and what food and drinks they were provided with.

Inspectors were informed that residents chose their meals the previous week, but there was no record to reflect this choice and staff were not aware of what residents had ordered. Choice was observed to be very limited where residents did not like the meal which was placed before them. The provision of food and nutrition is discussed further in Outcome 11.

Residents had very limited opportunities to exercise choice in terms of activities. For example, on the day of inspection two residents went out on the bus (which could only accommodate 2 wheelchairs) on an outing. This centre provided care for 19 residents, the majority of whom required significant supports. The inspector found that many residents had very limited opportunities and experiences to leave the designated centre and participate within the community. Many residents also attended a day service that was in the same building where they lived so often would not leave the building where they lived. Other residents attended day services located on the provider's campus.

The person deputising for the person in charge stated that the staffing levels were not sufficient and did not promote choice regarding activities and were meeting 'basic needs'. Inspectors found that staffing levels in this centre contributed to residents being treated as a collective as opposed to on an individual basis. For example, when all 19 residents returned to the centre the priority was provision of food and preparing people for bed from 7pm onwards as the staff complement decreased significantly at 9pm.

#### Personal Belongings & Storage Space:

Residents storage space remained limited. Inspectors were informed that an 'over flow' room for residents' laundry and possessions had been sourced in the building but was not yet in use. As a result equipment such as hoists and specialised chairs were seen on corridors and in residents rooms in the absence of suitable storage areas. The issues of the suitability of the premises will be discussed further under Outcome 6.

#### Complaints

Inspectors reviewed the complaints log, and found that a record of complaints was kept. The person deputising for person in charge highlighted one written complaint was received since the previous inspection. This was not recorded in the complaints log and staff told the inspector that it was in the process of being addressed. There was no complaints process displayed in the designated centre. Some staff spoken to confused the complaints procedure with incident/accident reporting and allegations of abuse

procedures.

**Judgment:**

Non Compliant - Major

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Systems were not in place to meet the diverse communication needs of all residents.

Communication plans were in place for residents. There were many residents in this centre who did not communicate verbally and required a lot of support to communicate their needs.

However, Inspectors remained concerned that;

- Communication plans were not signed or dated
- Communication plans were not guiding practice
- Staff were not aware of the content of communication plans

As outlined in the previous inspection staff were not observed to communicate with residents in line with their care plans. For example, a resident with a visual impairment whose care plan highlighted the use of objects of reference was found not to be offered same. Staff spoken to by inspectors about specific residents' communication plans did not have knowledge of these plans.

Residents were observed seeking attention on a number of occasions and were not responded to. For example one resident was shouting for attention while in a padded 'soft area' however staff were assisting other residents at this time and did not respond. Inspectors noted that this resident was attempting to play with a musical instrument which was not powered on. Inspectors brought this matter to the attention of staff members who attempted to locate the cable but it could not be found.

While some staff were observed speaking to residents in a gentle and caring manner other staff were observed not engaging with residents in any meaningful way. Inspectors found that due to the busy environment in this centre the majority of engagement with residents was primarily task orientated. For example, support with

meal times, personal care.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

Inspectors were concerned that very little progress had been made since the previous inspection in relation to providing a meaningful day for residents. Residents' health and social care needs were not consistently addressed in person centred plans based on an appropriate assessment of health and social care needs.

Inspectors found that while the provider had undertaken and devised a committee to establish a new personal plan template to ensure residents needs were appropriately assessed and provided for, this had not yet been implemented. Personal plans still did not reflect the social care needs of residents, were not person centred and were of a poor quality. As a result the plans did not consistently guide staff on how to care for residents in a consistent and supportive way which maximised positive outcomes for residents. Therefore the personal plans did not maximise residents' personal development.

There was still no evidence of personal plans having been reviewed, and there was no evidence of improvement in goal setting for residents. Goals related to healthcare needs or everyday personal activities and were not aimed towards maximising the potential of residents as required by the Regulations. For example, many goals related to going out for lunch or meeting a family member and did not reflect any real or meaningful personal development aspiration for the resident. In addition no progress had been made towards ensuring that personal plans were available in an accessible format for residents in accordance with the requirements of the Regulations.

Inspectors were concerned that some staff engaged by the inspectors could not

demonstrate knowledge or skills in relation to personal planning or assessment of the personal and social care needs of residents, and had not received adequate training in this area. A keyworker had been identified for each resident, but the choice of these keyworkers did not appear to be based on any criteria such as qualifications, skills or knowledge, so that there was no evidence that assessments had been conducted by an appropriate health care professional, and the inspectors were concerned that this was contributing to the poor standard of personal plans. Inspectors read a number of examples of where social care assessments had been inaccurately completed or completed in a way which demonstrated complete lack of understanding of the subject matters to be considered. The personal planning documentation did not demonstrate that residents had been involved in the process.

Residents did not have a meaningful day. Inspectors observed residents in this centre leaving to go to day services either on the provider's campus or in the designated centre building itself (whereby residents attended a day service accessed via a corridor in the centre). Inspectors observed that the staff had little time after the provision of basic care in order to facilitate residents to pursue activities or interests or to provide meaningful engagement. This has also been discussed under outcome 2 (Communication).

The person deputising for the person in charge stated that due to staffing levels it was difficult to provide any more than basic care. Inspectors observed residents returning from their day service sitting in chairs who presented as listless and bored. There was nothing for the residents to do other than to wait for their evening meal. The television was powered on with Irish language cartoons playing. However, staff spoken to were not aware of any residents who spoke Irish. One resident asked for a bath and was refused with staff explaining that the resident would have to wait until other residents had been fed. Many staff were involved in assisting residents to the toilet or preparing to serve the evening meal at this time. As the majority of residents required assistance with eating, a number of residents had to wait a considerable time for their meal to arrive and it was clear that residents were frustrated as a result. A number of residents did not like the meal which was placed before them, and as a result staff had to go to the kitchen and prepare an alternative, which further delayed some residents in getting their food. (Issues regarding the quality and safety of food are discussed under outcome 11.) As a result the dining experience, was not observed to be an enjoyable social experience for residents.

Inspectors found that the centre operated on a set routine with little to no scope for individual services/choice. The centre was run as part of an institutional model of care delivery whereby the centre was cleaned at set times, the food arrived from the canteen at set times, residents were bathed and put to bed at set times. Inspectors found that these set times and routines were determined by staff rosters and were resource led as opposed to care being provided in the best interests of residents.

**Judgment:**  
Non Compliant - Major

**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):**

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

**Findings:**

While some progress was noted and observed in the areas of health, safety and risk management further improvements required to meet the requirements of the Regulations.

The inspectors found that a risk management policy and emergency evacuation plan was updated and in place since the previous inspection. Following the previous inspection whereby immediate action was given regarding staffing levels and night time evacuation procedures the provider had conducted a series of procedural reviews in the areas of risk, accident and incidents, infection control and manual handling. Fire safety and manual handling training had been updated in line with the action plan submitted to the Authority.

Inspectors found that the incidents and accidents that had occurred in the centre since the previous inspection had been appropriately followed up and recorded.

Inspectors remained concerned at the levels of oversight and management of risk assessment, management and implementation of auditing on an on-going basis. For example, based on the serious risks identified in this centre on previous inspections regarding manual handling, safe resident handling and hoisting, a review had taken place (dated 3 June 2015). Inspectors were concerned however that the recommendations from this review were not being implemented. For example, specific recommendations had been made by the manual handling assessor for each resident in the centre. Staff had been instructed to ensure that this information was updated in residents' moving and handling plans. However, this had not been completed for the majority of residents and exposed these residents to inconsistent practice and potential for unsafe hoisting and moving and handling practices.

The previous inspection found that residents' individual risk assessments had not been maintained up to date and did not reflect residents changing needs. The action plan submitted to the Chief Inspector in response to this finding gave an undertaking that these risk assessments would be updated. However, at the time of this inspection, this review had not taken place even though the timescale given to the Chief Inspector had expired. Therefore, inspectors were not satisfied that there was sufficient oversight to ensure the effective implementation of the action plans submitted to the Authority.

**Judgment:**

**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):**

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

**Findings:**

Through observations, reviewing documentation and speaking with staff, inspectors found that practices and care in the designated centre were institutionalised and resource led. As evidenced across a number of outcomes, residents were found to have had little choice over their daily lives, and the direction of the day was determined by the staffing routine and resources available.

On the day of this unannounced inspection, inspectors found that two staff were absent on sick leave and only one had been replaced in the afternoon. Inspectors found inadequate responses to meet all residents' diverse needs. As a result residents were found to be responded to collectively as opposed to as individuals.

While training had been provided to all staff in the area of safeguarding and protection since the previous inspection, inspectors remained concerned about staff understanding of protocols in place for the reporting of safeguarding concerns. While there was a policy in place regarding safeguarding vulnerable adults, inspectors found all staff were not fully aware of the different types of abuse, the reporting protocols as outlined in the organisational policies and the specific procedures to be followed and mechanisms to adopt for the reporting of suspected, alleged or witnessed abuse in this centre.

The inspectors reviewed two safeguarding issues that were recorded (since the previous inspection) and found that there had been a response by the designated liaison person in both instances. One instance related to an unknown injury to a resident and the other incident related to one resident hitting another resident. These matters were being addressed appropriately in accordance with the centres policies.

The response to residents who presented with behaviours that challenge was not satisfactory. On the morning of inspection, a resident had been assisted back to bed further to the resident exhibiting self injurious behaviour. Inspectors reviewed the resident's reactive strategy and found that it had not been updated in response to the

resident's changing condition. The reactive strategy did not provide for the resident going back to bed and did not guide staff as to the resident's current triggers for this behaviour. Records showed that this resident had been assessed as needing a multi element support plan in October 2014, however this had not been completed. Inspectors were concerned that this was leading to inconsistent care and poor outcomes for this resident.

The previous inspection reported that a resident was required to wear arm splints for longer than was necessary as routines and staffing arrangements in the centre did not provide for these restrictive splints to be removed for long periods. Inspectors found that this matter had not been sufficiently reviewed and addressed. The documentation maintained in the centre did not demonstrate that this was the least restrictive intervention for the least time possible.

Overall the inspector was concerned that while a number of residents in this designated centre had complex support needs and displayed specific behaviours that challenge, all staff were not observed supporting residents effectively. The inspectors found that while some staff were observed acting in a caring manner towards residents, other staff were not aware of residents assessed needs or how to provide care for specific residents. This was particularly apparent when all 19 residents returned to the centre at 4pm. Inspectors observed occasions whereby these residents were seeking attention and interaction from staff and did not receive this as staff were supporting other residents. Care provision in this centre was observed to be highly institutional. For example, through observations and discussions with staff inspectors found that when residents returned from day service the routine was on residents being 'fed', 'washed' and 'gotten ready for bed' (This was the language used by staff). Staff began getting residents ready for bed at 7pm. Staff told inspectors that this was necessary as staff numbers reduced to three at 9 pm. On the evening of inspection it was a bright and warm, yet no residents had any planned activities or were going to leave the designated centre for any purpose.

The inspectors found that given the complex needs and high support needs in this centre, there were not enough staff on duty to meet the needs of residents. This is concerning given that this issue was clearly highlighted to the provider following the previous inspection.

**Judgment:**  
Non Compliant - Major

**Outcome 09: 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 Services

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

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

**Findings:**

Inspectors were not satisfied that all incidents were notified to the Chief Inspector as is required by the Regulations. For example, inspectors found an incident whereby a resident was found with head injuries that required hospital treatment that had not been notified to the Authority. This is not in line with regulatory requirements.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

While there was some evidence of minor improvements in this area further action was required to meet the requirements of the Regulations. Inspectors were very concerned with the arrangements in this centre around food and nutrition.

On review of a sample of residents' files and from speaking with staff, inspectors found that there was access to a range of allied health care professionals for the residents living in this centre. For example, the organisation provided speech and language therapy (SALT), occupational therapy and physiotherapy. Residents were also supported to avail of dentistry, psychology, psychiatry and behavioural support, where required. This was in line with the requirements of the Regulations in relation to health care.

While there was access to a range of allied health care professionals, inspectors identified gaps in relation to the consistent implementation of their advice. Inspectors found some assessments had been implemented and incorporated into care plans. For example, referrals to falls clinic, physiotherapy and SALT.

Areas requiring significant improvement were identified. Inspectors reviewed the records of a resident who had a low body weight and was at risk of poor nutrition. The resident had been reviewed by a dietician and had been prescribed supplements which were being administered to the resident daily. The resident had also been weighed regularly. Inspectors read the recommendations of the dietician which were found in the care

plan. However, staff spoken to by inspectors were not aware of these recommendations and had failed to record the resident's dietary intake. In the absence of these records it was not possible to determine if the resident was getting sufficient nutrition to meet his dietary needs.

There were concerns regarding the quality and choice of food provided to residents. Inspectors observed that resident's;

- Did not receive appropriate support and supervision at mealtimes.
- Were not facilitated to exercise choice regarding food and drink.
- Did not have access to kitchen facilities or the option to prepare their own food.

As highlighted under outcome 5 (Social Care) the dining experience did not meet the needs of residents. Residents had been required to choose their evening meal a number of days previous and inspectors found that this did not meet the needs of these resident, some of whom had significant intellectual disabilities. Residents were observed refusing meals and while staff attempted to provide alternatives from the food available on site, these alternatives, which included a cheese sandwich or creamed rice were not substantial. The majority of residents required assistance with eating. However, staffing levels did not support this and as a result all residents did not get the support and encouragement which they required.

Inspectors found that residents were not supported to buy, prepare or cook their own meals due to a lack of appropriate facilities, and the set daily routine of the centre. Inspectors were informed, and observed that the campus canteen provided all meals which were transported to the designated centre in foil take-away type trays.

**Judgment:**  
Non Compliant - Major

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspectors found that the practices regarding medication highlighted on the previous inspection had been addressed in the centre. Inspectors found that residents were protected by the centres policies and procedures and nursing staff were observed administering medication safely, respectfully and as prescribed to residents.

Inspectors found that the documentation in relation to prescription records and times of administration were reviewed following the last inspection and re-written and improved. Inspectors noted that practices relating to medication management were appropriate in the centre and staff nurses were aware of their roles and duties in this regard.

There were no MDA's (controlled medications) in this centre and storage and medication refrigeration facilities were in place and adequate. There were no issues identified with the ordering of new medication and there was a system in place for the management of medication errors. There were no medication errors recorded in the previous 6 months.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*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.*

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
Inspectors were very concerned at the lack of governance and oversight by the provider and persons participating in the management of this centre as evidenced by the high number of non compliances. This level of non compliance did not demonstrate that the provider has engaged in the regulatory process since commencement. Inspectors found continued deficits in the provision of safe and quality care for residents. The inspectors were not satisfied that the care provided to residents had adequately improved since the previous inspection and found that action plans were not being implemented to ensure regulatory compliance. This was contributing to negative outcomes and quality of life for residents.

At the time of inspection there was no person in charge in place. An interim person in charge stated she was fulfilling the role since May 2015 and a new person in charge was being inducted at the time of inspection. Inspectors were very concerned that given the levels of non compliance highlighted in the previous inspections and lack of governance and management oversight found, that this lack of governance and management oversight was not resolved.

Inspectors found that there had been some work undertaken by the provider in the areas of policy development such as a draft privacy and dignity protocol, supervision guidelines and a standard operating procedure for completing incident forms. The inspectors were also shown a detailed quality enhancement plan dated 23 June 2015.

However inspectors determined that due to the absence of a person in charge almost four months following the first inspection of this centre, there was a continued lack of effective oversight in place in the centre. For example, there was still not an effective system in place to ensure all aspects of care and support were being appropriately monitored and reviewed on a consistent basis. This did not ensure that all residents were receiving quality care as evidenced in the non compliances in this and previous inspection reports.

The inspector found that while there was evidence of provider meetings and dialogue about the designated centre, there was a lack of actual implementation and change management regarding care provision within the centre. The inspectors found that while meetings, reviews, plans and draft protocols were being completed, the actual experiences and outcomes for residents had not significantly changed since previous inspections. For example, residents' personal plans and individual assessment, residents' privacy and dignity, resident's access to community participation and integration, choice and consultation.

Inspectors found that the primary deficits in this centre related to the non implementation of plans. The inspectors were concerned that basic changes had not been implemented in areas such as staffing levels, care planning and the promotion of rights and dignity of residents.

**Judgment:**  
Non Compliant - Major

### **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):**

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

### **Findings:**

Staffing levels remained inadequate to meet the assessed needs of all residents. In

addition, all staff on duty did not demonstrate the required skills and experience to support residents within this centre.

While the inspectors were informed a review had taken place regarding staffing levels since the previous inspection there were no additional staffing hours evident in the centre or on the staffing rosters reviewed.

The inspectors observed some staff supporting residents in an informed and caring way. However the inspectors found other staff who did not know residents and had not been provided with relevant information to care for residents safely. Agency staff on duty within the centre did not know residents very well and had only completed a small number of shifts in the centre at irregular intervals. Inspectors were not satisfied that an appropriate induction had taken place with agency staff.

The 19 residents in this centre all had complex needs and required high levels of support. As discussed in outcomes 1,2 and 5 inspectors observed staffing levels to be inadequate with residents observed waiting for meals for prolonged periods and not provided with appropriate levels of support, stimulation or interaction. Furthermore inspectors were concerned that cover had not been provided for each member of staff who was on leave on the day of inspection. Inspectors were also concerned that, where cover had been provided, the same grade of staff had not been provided. For example, an agency social care worker was rostered to cover for a nurse. Therefore the required skill mix was not present to meet the assessed needs of residents.

In the absence of a full time person in charge the care provided to residents was not supervised and there was potential negative impacts for residents. For example, residents' nutritional intake was not recorded and the dining experience was not managed appropriately (Outcome 11), and residents' risk assessments were not updated (outcome 7).

The inspectors found in reviewing staff files that these documents had been updated and met the requirements of the Regulations.

**Judgment:**  
Non Compliant - Major

### **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):**

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

### **Findings:**

Inspectors were not satisfied with the standard of documentation maintained in the designated centre. As highlighted in Outcome 11, healthcare information and food and nutrition records were not maintained of the nutritional intake of a resident who was at risk of poor nutrition.

This outcome was only reviewed with regards to records of nutritional intake.

### **Judgment:**

Non Compliant - Moderate

## 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:***

Conor Brady  
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>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002932
<b>Date of Inspection:</b>	29 June 2015
<b>Date of response:</b>	05 August 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 01: Residents Rights, Dignity and Consultation**

**Theme:** Individualised Supports and Care

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

Residents had limited opportunities to exercise choice and control in their daily lives.

**1. Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

1. Residents will be afforded opportunities to exercise choice and control with regards to daily activities they participate in.

- Residents will be supported to purchase foods of their choice on a weekly basis.
- Residents will be supported to go to bed at a time of their choice. The roster is being amended to facilitate residents.
- Residents will be supported to have a bath a time of their choosing. The roster is being amended to facilitate residents.

**Proposed Timescale:** 10/09/2015

**Theme:** Individualised Supports and Care

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

Residents' privacy and personal information was not maintained to a satisfactory standard in this centre.

**2. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. All residents' private and personal information will not be stored in a communal area and will be maintained in a secured cabinet.

**Proposed Timescale:** 06/08/2015

**Theme:** Individualised Supports and Care

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

Residents did not have sufficient space for storage of personal belongings.

**3. Action Required:**

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

The area identified for the storage of personal belonging is utilised to ensure the safe storage of personal belongings.

**Proposed Timescale:** 30/07/2015

**Theme:** Individualised Supports and Care

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

Residents were not provided with choice and activities in accordance with individual needs, wishes and preferences.

**4. Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Resident meeting are taking place on a weekly basis.

These meetings will discuss the meals, activities and community based activities that the residents wish to take place during the coming week.

Activity schedule for residents has been developed.

**Proposed Timescale:** 30/07/2015

**Theme:** Individualised Supports and Care

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

The complaints procedure was not displayed in the centre for residents.

**5. Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of the complaints procedure will be placed in a prominent position in the designated centre.

**Proposed Timescale:** 30/07/2015

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Residents were not assisted to communicate in accordance with their individual needs.

**6. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

1. All communication plans have been signed and dated.
2. All staff are aware of each residents individual communication plans.
3. Staff will be supervised and guided to use the appropriate communication system for each individual resident.

**Proposed Timescale:** 30/07/2015

**Theme:** Individualised Supports and Care

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

Staff were not aware of residents' communication support needs.

**7. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

1. All communication plans will be signed and dated
2. All staff will be reinducted into resident communication plans
3. Staff will be supervised and guided to use the appropriate communication system for each individual resident

**Proposed Timescale:** 30/07/2015

**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:**

The personal planning process did not ensure the maximum participation of the residents.

**8. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Residents and or their representative will be supported too participate in the personal planning meeting.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

Personal plans did not outline the supports to promote residents' personal development.

**9. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident 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 Personal plans will be reviewed to ensure it identifies supports required to promote the residents personal development.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

Arrangements were not in place to meet the assessed needs of residents.

**10. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. A new template for personal plans has been approved.
2. All personal plans will now be reviewed in conjunction with the resident/ their representative and their circle of support to ensure their assessed needs are met in a timely manner.
3. Following the reviews the personal plans will be audited by the Person in charge residents to ensure personal plans meet their assessed needs.

**Proposed Timescale:**

1. 30/07/2015
2. 30/09/2015

3. 30/10/2015

**Proposed Timescale: 31/10/2015**

**Theme:** Effective Services

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

Each resident did not have a comprehensive plan for health and social care needs based on a comprehensive assessment by an appropriately qualified professional.

**11. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All residents will have assessments completed and a comprehensive plan completed by an appropriately qualified professional.

**Proposed Timescale: 30/09/2015**

**Theme:** Effective Services

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

Plans were not in an accessible format for residents

**12. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

1. A new template for personal plans has been approved
2. Residents with their representative will be supported to access their personal plans in a meaningful way.

**Proposed Timescale:**

1. 30/07/2015
2. 30/09/2015

**Proposed Timescale: 30/09/2015**

## 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:**

Systems were not implemented regarding the review, updating and implementation of risk assessment and management plans.

**13. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Person in Charge & Clinical Nurse Manager 2 have receive training in risk assessments. The Person in Charge and Clinical Nurse Manager 2 will in turn mentor frontline staff to complete risk assessment.
2. All Risk assessments have been updated.
3. Resident's manual handling plans have been updated following the manual handling assessor recommendations of 3/6/2015.

Proposed Timescale:

1. 30/07/2015
2. 04/08/2015
3. 30/07/2015

**Proposed Timescale: 04/08/2015**

## 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 not evidence of efforts made to alleviate causes of residents' behaviours and attempt all alternatives before using restrictive practices.

**14. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The relevant reactive strategies will be reviewed for the resident.

**Proposed Timescale: 07/08/2015**

**Theme: Safe Services**

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

A therapeutic intervention was implemented in response to self injuries behaviour which was not agreed with the resident or their representative. Therapeutic interventions had not been reviewed in response to the resident's changing needs as part of the personal planning process.

**15. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. Therapeutic interventions will be reviewed for the Resident.
2. Therapeutic interventions will be agreed with the resident and / or their representative.
3. Staff will be supervised and guided in the use of all therapeutic inventions.
4. A record of all restrictive interventions will be maintained as appropriate

**Proposed Timescale: 26/08/2015**

**Theme: Safe Services**

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

All staff were not aware of the different forms of abuse, policies and procedures and reporting mechanisms regarding the prevention, detection and response to abuse. There was not a effective training system in place to ensure all staff were aware of these issues before working in the centre.

**16. 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 permanent staff have been trained in the policy of safeguarding vulnerable adults.
2. Staff employed through agency will receive training in safeguarding vulnerable adults.

**Proposed Timescale: 30/07/2015**

## Outcome 09: Notification of Incidents

**Theme:** Safe Services

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

All incidents whereby residents suffered injuries requiring hospital treatment were not notified to the Chief Inspector.

**17. Action Required:**

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

Any incidents required to be notified to the chief inspector will be forwarded by the person in charge.

**Proposed Timescale:** 30/07/2015

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Residents were not supported to buy, cook or prepare their own meals and had very limited choice of food.

**18. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

1. Increased food choices will be provided in this location.
2. Residents will be supported in the purchasing foods of their choice on a weekly basis.
3. A schedule to support residents in purchasing their food will be developed.
4. Resident will be supported to partake in the preparation of their meals.

**Proposed Timescale:** 10/08/2015

**Theme:** Health and Development

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

Residents did not have appropriate access to choice of food.

**19. Action Required:**

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

1. Where dietician has made recommendations staff will be made aware and appropriate recording will take place.
2. All residents will have increased choices provided at mealtimes.

**Proposed Timescale:** 30/07/2015

**Theme:** Health and Development

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

There was not sufficient choice of food available to residents outside that provided by the central campus kitchen.

**20. Action Required:**

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

An increased choice and range of food will be provided to residents

**Proposed Timescale:** 30/07/2015

**Theme:** Health and Development

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

There were not sufficient staff to assist residents with their meal.

**21. Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

Staff will be available to assist residents with their mealtime.

**Proposed Timescale:** 30/07/2015

## 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:**

There was not a person in charge in place at time of inspection.

**22. Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

A person in charge has been appointed.

**Proposed Timescale:** 20/07/2015

**Theme:** Leadership, Governance and Management

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

Management systems in place in the designated centre did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

**23. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. A person in charge has been appointed.
2. The governance structure within the service has reviewed and revised
3. Roll out of the new governance structure has commenced and will be discussed further at the Infoshare in September.
4. Person in charge meets with clinical nurse manager to review the quality and safety of service provided to residents.

**Proposed Timescale:**

1. 20/07/2015
2. 30/07/2015
3. 03/09/2015
4. 20/07/2015

**Proposed Timescale:** 03/09/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were inadequate staffing levels and skill mix to meet the needs of residents.

**24. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Staffing levels will be maintained to meet the needs of the resident.

**Proposed Timescale:** 30/07/2015

**Theme:** Responsive Workforce

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

In the absence of a person in charge staff supervision arrangements were not satisfactory.

**25. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

In the absence of the person in charge arrangements are in place to ensure that the care provided to residents is supervised by the clinical nurse manager or the shift leader.

**Proposed Timescale:** 30/07/2015

## 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 were not maintained to demonstrate that residents were provided with sufficient nutritional intake.

**26. 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:**

Nutritional records for residents that are at risk of poor nutritional intake will be recorded in line with the dietician requirements

**Proposed Timescale:** 30/07/2015