<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beneavin Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000117</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Beneavin Road, Glasnevin, Dublin 11.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 864 8577</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:evelinesheeran@firstcare.ie">evelinesheeran@firstcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Beneavin Lodge Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John O'Donnell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Shane Walsh</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the</td>
<td>65</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
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<tr>
<td>Number of vacancies on the</td>
<td>3</td>
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<tr>
<td>date of inspection:</td>
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**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

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

Please note the definition of the following term used in reports:

responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 September 2016 09:30
To: 13 September 2016 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of an announced inspection. The inspection was carried out in response to the provider’s application to renew the certificate of registration. Inspectors conducted an unannounced inspection of the centre on 16 May 2016 and inspected against eleven outcomes. The centre was in compliance with five outcomes, substantial compliance with five outcomes and moderately non compliant with one outcome. Outcomes in relation to health, safety and risk, notifications of incidents and residents’ rights, dignity and consultation were not reviewed on this inspection as they were no new identified issues with these outcomes. The outcomes from both inspections will be used to inform a decision to renew registration of the centre.

As part of the inspection, two inspectors met with residents, visitors and staff
members. Inspectors observed practices and reviewed documentation such as care plans, accidents and incident forms, medical and nursing records and policies and procedures.

There were 65 residents residing in the centre at the time of inspection and there were 3 vacancies. The recently appointed person in charge had been deemed fit to hold the post by the Health Information and Quality Authority. Inspectors met with the provider nominee, compliance manager, bed manager and two clinical nurse managers. Overall inspectors were satisfied that the centres level of compliance had improved since the last inspection. Five of the six outcomes found to be in non compliance were now in compliance. Evidence of good practice was found across all outcomes. Improvements were required under one of the 15 outcomes inspected against on this inspection.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the regulations.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The following action was identified on the last inspection report:
The total staffing complement required review to ensure it reflected all staff currently working in the centre.

Findings:
A statement of purpose was submitted as part of the application to renew registration application and a revised version was given to inspectors on this inspection. It had been reviewed in August 2016 and outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations. The staffing levels reflected those working in the centre. Staff were familiar with its content and a copy was on display in the centre.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The following action was identified on the last inspection report:
Audits conducted to date did not clearly identify what was being done with the audit results to ensure improved outcomes for residents.
The annual review did not reflect evidence of consultation with residents and their representatives.

Findings:
The person in charge had developed a new form which was going to be added to all audits completed in the centre. It included identification of audit findings, good practice and improvements where required, also responsible persons. The person in charge planned to have this reviewed and signed off by the groups operations manager. It was going to be presented to clinical nurse managers at their next scheduled meeting and implemented in practice when completing audits in October 2016.

The inspector was informed that the centre was in the process of developing an online feedback system for relatives and residents to complete as there was a low return rate of paper based questionnaires sent to both these groups. This was planned to be up and running by October 2016. The results of which would be included in the next annual review.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that there was a guide available in respect of the centre and a written contract of care in place for the residents.

There was a guide available in the centre that was provided to all residents. The inspectors also noted that there was a public copy readily available in a day room within the centre. The guide contained all the required information as per regulation 20.

Inspectors reviewed a sample of residents’ contracts of care. All those reviewed contained information relation to the care and welfare of the resident and the services that would be provided to the residents. They set out the weekly fees that were to be
charged to the residents. The contracts also detailed an additional monthly charge for provision of ‘additional services’. These services were detailed to include the social programme, use of specialist equipment and specialist staff. This charge was fixed for all residents.

Each contract of care had been signed by the person in charge, a witness and the resident or their next of kin.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge (PIC) was on duty during the inspection. She commenced in her role on 11 July 2016 and was deemed fit to hold the post of PIC by HIQA. She submitted a detailed report of her nursing experience to assure which assured HIQA she had 3/6 years experience of working with older people. She was contracted to work fulltime, is a registered nurse and has completed a her Masters in Healthcare Management and a Higher Diploma in Employment Law and another in Human Resources Management. Residents’ spoken with were aware of the change in person in charge.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Inspectors found the records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval. The centre had all operational polices as per schedule 5 of the regulations.

Inspectors reviewed residents' records. The directory of residents contained all of the information required in schedule 3. A sample of resident's files reviewed contained all of the health and medical information as listed in schedule 3.

Inspectors reviewed the centre's operational policies and found that they reflected the centre's practice. The policies were found to be regularly reviewed and all were up to date.

All other records as per schedule 4 were maintained and readily available.

Staff files were not reviewed on this inspection as a sample of staff files were reviewed during the inspection on 16 May 2016 and were found to contain all the requirements as per schedule 2 of the regulations.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any such absence.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a
positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
The following action was identified on the last inspection report:
Care plans of some residents' who displayed behaviours that challenge were not reflective of the residents' triggers and did not reflect their de-escalation plan. Alternatives trialled, tested and failed were not reflected on each residents' restraint assessment forms.

Findings:
Inspectors reviewed a sample of care plans of those identified by the person in charge as having behaviours that challenge. Those reviewed identified triggers of the individuals behaviours, de-escalation techniques and named the psychotropic p.r.n. medicines (a medicine only taken as the need arises) to be administered in the event that the resident was not settling post the use of non-pharmacological interventions. However, where two p.r.n. medicines were prescribed the care plan did not state which one should be administered first. Residents' who had displayed behaviours that challenged had a detailed ABC chart completed which identified the sequence of events. The care plans contained details required to provide individualised care to residents'.

A sample of records of residents' with bed rails in use were reviewed. All those reviewed included records of alternatives trialled, tested and failed prior to bedrails being used as a form of restraint.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The following action was identified on the last inspection report:
A number of residents required their medicines to be crushed prior to administration and
this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet. Medication error records did not reflect what measures were taken to prevent a repeat of errors and/or improve outcomes for residents'.

Findings:
A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet. However, residents' were receiving these medications in a crushed format.

Medication incidents including medication errors were recorded and being audited by the management team however, there was no recorded evidence of what measures were taken to prevent further errors occurring and/or improve outcomes for residents'.

Judgment:
Substantially Compliant

**Outcome 11: Health and Social Care Needs**
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
The following action was identified on the last inspection report: Assessments for pressure ulcer care provided conflicting information. Care plans were not being updated to reflect recommendations made by visiting inter disciplinary team members.

Findings:
Inspectors reviewed a sample of resident nursing assessments and records. Assessments completed for the one resident identified at the beginning of the inspection as having a pressure ulcer were completed in detail. All those residents' who's records were reviewed had the relevant pressure ulcer risk assessment tool in place. Residents who had been reviewed by their general practitioners or/ and members of the inter disciplinary team had their care plans updated to reflect recommendations made.

Judgment:
Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises takes account of the residents’ needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The following action was identified on the last inspection report: Verbal/informal complaints were not being properly recorded and the results of any investigations into the matters complained of and any actions taken on foot of a complaint were not recorded.
The person nominated to oversee the complaints process was not reflected in the complaints process.

Findings:
A process had been put in place to ensure that staff could record all verbal and written complaints. A new form had been developed and were now located on each unit. This was where health care assistants were instructed to record complaints as they did not have access to the computerised system where staff nurses recorded complaints.

The operations had been appointed to oversee the complaints process and the complaints policy had been updated to reflect this.

**Judgment:**
Compliant

**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
There was an end-of-life policy in place and this was reflected in practices.

Nursing documentation for four residents was reviewed. Residents' comprehensive assessment referred to their wishes/preferences and each of those reviewed had an advanced end of life care plan in place. The advanced end of life care plans reviewed included a record of end of life discussions the person in charge had with the resident and their next of kin and in some cases their general practitioner (GP). Where the resident had not been involved, the care plan stated this was due to a lack of their capacity to participate. The reviewed care plans included certain aspects of preferred end of life care, such as, if the resident wanted to stay in centre or be transferred to hospital, preferred funeral arrangements and who was taking responsibility for these. The centre had access to the palliative care team. Inspectors were informed that prompt referral and review from the team was provided whenever necessary.

The Sacrament of the sick was provided and the priest sought at the residents’ request.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*
Theme:
Person-centred care and support

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

Findings:
Inspectors found that the residents were provided with varied and nutritious meals and snacks in accordance with their assessed needs.

Inspectors observed meal times in two separate day rooms. Meals were observed to be relaxed, social and enjoyable. Staff were observed to ask residents what choice of meal they would prefer and took time to explain each meal to the residents. Staff assisted residents to eat in a discrete, sensitive and calm manner. There was appropriate supervision by staff at mealtimes. There was choice available for all residents, including those on modified diets. However the inspectors noted that while choice was available, and was offered to residents during the afternoon and evening, choice at breakfast time was not consistently offered pro-actively but was often only provided after a resident requested it.

There was a policy in place to guide staff on the procedures to ensure residents' nutritional and hydration needs were met. Residents' files evidenced that resident were weighed monthly and those at risk of weight loss were weighed at a more regular basis. Nursing notes and care plans confirmed that resident's were referred to allied nutritional health professionals as required, and were seen by their GP if there was any delay in the referral.

Staff spoken with had a good knowledge of the residents' nutritional needs. Health care assistants were responsible for the fortifying of residents' food. Inspectors spoke to some health care assistants and they were found to be following the recommendations detailed in residents nutritional care plans.

Catering staff were responsible for modifying the consistency of residents' meals. Inspectors visited the kitchen and found catering staff to be knowledgeable of residents assessed needs relating to meal modification. Both the kitchen and day rooms had up to date information on the residents' nutritional needs.

Sandwiches, cakes, mousses and smoothies were made daily in the kitchen. These along with fresh fruit were available as snacks throughout the day.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of...
clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Inspectors found that there were adequate arrangements in place to protect residents' possessions and to allow residents to maintain control over their possessions.

The centre promoted residents maintaining control over their own belongings. Inspectors found that each resident had suitable storage space for their belongings in their rooms. Each resident had a lockable drawer for valuables. Some residents were facilitated to lock their rooms when ever they wish. Each resident had a list of their personal possessions. A sample of these lists were reviewed by the inspectors.

Laundry for the centre was outsourced to an external company. Laundry was collected daily and returned the following day to the residents. The laundry system was explained to the residents to the management of the centre. All clothing is labeled and sent to be washed in residents' individual washing bag to ensure nothing is misplaced.
Management explained that initially there were some noted issues with this system as newly bought clothing was being placed in laundry bags unlabeled and going missing. However there has been improved training of staff around the laundry system and increased communication to residents and families. This has resulted in significant improvements.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
Inspectors were satisfied that the staffing numbers and skill mix of staff rostered to work on the day of inspection was adequate to meet the needs of the 65 residents' living in the centre.

All other aspects of this outcome were reviewed on last inspection in May 2016 and the centre was in compliance with this outcome.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet.

Medication error records did not reflect what measures were taken to prevent a repeat

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of errors and/or improve outcomes for residents'.

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

**Please state the actions you have taken or are planning to take:**
The Nursing Home Prescription Sheet has been amended to reflect an additional column which allows the prescriber to authorise crushing for each individual medication prescribed. Completed 19th September

Medication error records are currently under review and will reflect all measures taken to prevent any reoccurrence as well as any learning lessons and/or actions that improve the outcomes for residents.

**Proposed Timescale:** 20/11/2016