

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Cumas New Ross
Centre ID:	OSV-0004739
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Cumas New Ross
Provider Nominee:	Robert Smith
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Rachel McCarthy
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 June 2016 10:00	29 June 2016 19:30
30 June 2016 09:30	30 June 2016 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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This report details the findings of an announced registration inspection carried out over two days. The inspection was taken on foot of an application to register by Cumas New Ross, the provider. A monitoring inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre October 2014.

How we gathered evidence

Inspectors met with residents, staff, the person in charge, and other persons participating in management over the course of the inspection. Policies and

documents were reviewed as part of the process including a sample of health and social care plans, the complaints log, incidents and accident logs, contracts of care and risk assessments. Inspectors spoke with four residents specifically about their personal plans, if they liked where they lived and did they feel safe. Inspectors respected residents' wishes and communication preferences during the conversations and followed the lead of the resident at all times. Residents said they liked where they lived, they could ask the person in charge or a staff member for help if they needed it and if they had a problem they felt they could go and speak to anyone. They told inspectors the person in charge was someone that they could approach with a problem or concern.

Description of the service

The statement of purpose for the centre documented that Cumas New Ross aimed "to provide a community living setting, to live as in a family lifestyle wherein residents are provided with support, dignity and respect within a caring environment that promotes the health and wellbeing of each individual." Overall inspectors found that the provider was providing this service. There were however, some improvements required.

The centre comprised of two detached houses a short distance from each other located in the suburbs of a town in Co. Wexford. The centre could accommodate up to 12 adult residents. The service supports as set out in the centre's statement of purpose is for residents with low dependency in terms of support needs. The centre provides services and support to people with intellectual disability who may have additional needs associated with having an older age profile and includes the following areas of support, physical mobility, sensory needs, communication needs, behavioural supports, bereavement support and money advice and budgeting, for example.

Overall judgment of our findings

Inspectors were satisfied residents were receiving a good service where residents choices and needs were central to the supports in place for them.

However, there were a number of non compliances found in some outcomes where there were inadequate processes and systems in place due to a lack of policies and procedures developed as required in Schedule 5 of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities Regulations 2013. (The regulations)

Fourteen outcomes were found to be compliant or substantially compliant, three met with moderate non compliance and one with Major non compliance. Outcome 7; Health and Safety and Risk Management was found to be moderately non compliant. This related to a lack of appropriate and robust risk management systems for residents that smoked. Outcome 18; Records and Documentation were found to be Majorly non compliant. This was due to a lack of policies and systems developed to ensure there were safe and comprehensive practices in place to monitor risk and guide staff in practices and procedures to meet the Regulations.

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):

No actions were required from the previous inspection.

Findings:

Residents' rights, dignity and consultation were well met in this centre. Residents' opinions, preferences and civil rights were upheld to a good standard.

The centre had a complaints policy and procedure. It met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in an easy read format in both residential units of the centre. All residents had a copy of the complaints procedure in their bedrooms as part of an information pack for the centre. There was also evidence that residents could avail of the services of an independent advocate to assist them in making a complaint, for example.

Inspectors reviewed the complaints log for the centre and found there had been one complaint logged. While there was evidence to indicate the complaint had been responded to appropriately, improvements were required. There was not enough detail in the complaints log with regard to the complaint made, the investigation or process that had been carried out to address the complaint and if the complainant was satisfied with the actions taken on foot of their complaint. Improvements were required in this regard to ensure complaints management met the matters as set out in regulation 34 (2)(f) of the Regulations.

Residents were consulted with regularly and participated in decisions about their care, in the creation of goals, about the running of the centre and the service. Residents participated in interviews for staff that worked in their centre. This ensured they were central to decisions made about the running of their centre and the supports they were given. Cumas New Ross residential services had undergone a reconfiguration in line with

New Directions over the past two years which meant the ethos of individualisation towards a better life was worked through with each resident on an individual basis. This process intended to facilitate an in-depth knowledge to ensure the views, ideas, wishes and preferences of each resident was listened to and acted on.

Inspectors observed interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff demonstrated a good knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. They also had opportunities to participate in activities that were meaningful and purposeful to them. These included household chores within the centre itself, engaged in paid employment particular to an interest or skill they had. The mission and ethos of the organisation was of inclusion and participation of residents in their local communities and inspectors found this philosophy was evident in practice.

The inspector noted there were systems in place to safeguard residents' finances. Each resident had their own credit union/post office and/or bank account. Bank statements regarding finances are generally issued directly to residents.

There was adequate space the residents' rooms for clothes and personal possessions. The laundry and facilities were available for residents to manage their own laundry if they wished.

Privacy arrangements were also in place throughout both residential units that made up the centre. Residents could lock their bedroom doors if they wished and their bedrooms were private spaces which staff were observed to respect. Similarly, toilets and bathing facilities had adequate provisions in place to ensure privacy and dignity for residents.

Residents' civil and religious rights were upheld also. Residents were registered to vote and were informed of local and national elections and policies. Residents were supported to attend religious ceremonies and supported to practice their faith in line with their expressed wishes.

Judgment:
Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with their sensory communication abilities. Assistive technology equipment was used to support residents in accessing information and promoting communication options for residents.

Staff were aware of the communication needs of all residents and the inspector observed them communicating with residents demonstrating due regard of their individual communications styles. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. Easy read versions of some documents had been developed including the residents' guide and statement of purpose.

Communication supports were outlined clearly and comprehensively in residents' personal plans with specific detail regarding residents' personal communication preferences and styles.

Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty.

All resident's individual personal plan had been adapted to assist them communicating their plan. This is further elaborated in Outcome 5; Social Care Needs.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain contact with their families, develop and maintain friendships and romantic relationships in line with their wishes.

Families were encouraged to visit and stay for a meal with the residents if they wished. Regular contact was maintained between the staff and the relatives and visits were supported through the provision of appropriate transport resources and staffing available.

Residents' families and representatives were also actively encouraged to participate in personal planning meetings for residents where appropriate.

There was a policy on visitors available and there was a sign in book for visitors in each residential unit.

The inspector saw that residents were encouraged to develop links with the wider community as much as possible. Most residents participated in various employment or work experience in their local community. Residents also used the local amenities and services and were informed of the various services available to them.

As the population in service was beginning to age residents had experienced bereavement following the death of their parents or their peers. The person in charge had ensured residents were supported through these difficult times and had ensured residents could avail of bereavement counselling if they wished. Anniversary dates were regarded with respect for residents and they were supported to remember important people in their lives that had passed.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

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

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and their representatives. Residents had also been issued with tenancy agreements where applicable. These had also been signed by residents.

Admission procedures for residents to the service were consultative and inclusive of not only the resident being admitted to the service but also for the residents living in the centre. This ensured residents living together were compatible in their personalities, interests and respected residents rights and choice.

Judgment:
Compliant

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:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans reflected their assessed needs and wishes. However, there were improvements required to ensure residents' social care needs were comprehensively assessed in order to identify residents' needs and highlight any social care risks which would require more intensive supports.

Inspectors reviewed a selection of personal plans which were personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a social care assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents assessment of needs included educational, leisure time activities, general likes and dislikes, food preferences, intimate care and personal hygiene and behaviour support plans where required.

Personal plans also contained information records such as support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments.

While personal plans evidenced improvements since the previous inspection they lacked evidence of multi-disciplinary assessment and recommendations. For example, a nurse

employed by the organisation worked closely with residents supporting them with their healthcare needs. However, personal plans did not evidence their input and assessments of residents needs despite working closely with residents on a regular basis to support them with their healthcare needs making appointments and referrals to allied health professionals where required. Residents' general practitioners (GPs) had written a note which stated they had received an annual medical health check, however there was no other detail in the note therefore it was not clear what checks had been carried out or what findings or recommendations were noted by the GP.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Personal planning was evident in residents personal plans and from the sample reviewed it was evident that goal planning for residents was inclusive of the resident, geared towards their interests and wishes. Many goals reviewed were geared towards supporting the resident to develop independence skills and support them to be active, full citizens in their community, for example a resident was the mascot for the local football team they supported. Some residents had wished to learn how to play musical instruments and had learned how to play the accordion, for example. A group of residents in the organisation were part of a traditional music band and played in venues locally.

All residents had a copy of their individual personal plans in an accessible format specific to their communication styles and abilities. During the course of the inspection some residents discussed their personal plans with inspectors and were proud to show inspectors their plans which reflected their goals, interests and achievements.

Judgment:
Substantially Compliant

Outcome 06: 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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was accessible, suitable and safe for the number of residents living there.

The centre comprised of two residential units. One single storey detached house that provided accommodation for up to six residents, one bed in the house was a designated respite bed. The other residential unit was a two storey detached house that could

accommodate six residents. All accommodation provided a individual bedroom for all residents which were proportioned to accommodate residents' personal belongings with adequate sleeping arrangements also.

Residents were encouraged to decorate bedrooms to their own taste and residents that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia.

There were an adequate number of showers and toilets in both residential units that made up the centre.

Communal spaces were comfortable living rooms with varying seating options. Laundry facilities were provided in both residential units and residents were encouraged to do their own laundry with support from staff where necessary. Residents clothes could be dried outside and residents could also use a dryer for drying their clothes. A good standard of cleanliness was noted throughout. A cleaning schedule was in place to ensure high standards were maintained.

The facilities were consistent with those described in the centre's statement of purpose and resident's guide.

Inspectors did note however, there was a higher standard of decor in one residential unit than the other. While one residential unit was modernly decorated the other residential unit was not maintained to the same standard. The person in charge outlined to inspectors that there were plans for modernisation and refurbishment of the residential unit and this would occur over a phased basis.

Judgment:

Compliant

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:

The health and safety of residents, visitors and staff was promoted in the centre however, some systems in place were not robust enough. Risk management systems to support residents that smoked required improvement. Not all staff had participated in a fire drill or had been trained in fire safety. Fire and smoke containment measures in one residential unit were not robust and did not mitigate all risks associated with smoking.

The risk management policy required some improvements to ensure it was comprehensive and could direct staff practice.

The risk management policy met the requirements of the Regulations and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents. However, the policy listed these specific risks and did not elaborate on how the organisation implemented risk management for them. The policy required improvement to ensure it was a robust, informative document.

There was an up-to-date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place and documented in a risk register.

However, inspectors noted that the hot water in some hand washing sinks was extremely hot. This had not been identified in the risk register for the centre. This posed residents, staff and visitors at risk of scalds. The lead inspector brought this to the attention of the person in charge during the inspection. A week after the inspection, the inspector was informed by the person in charge that a thermostatic valve to control the temperature of water would be fitted in both residential units.

The fire policies and procedures were centre-specific. Inspectors observed that there were fire evacuation notices and fire plans displayed in each residential unit. Fire drills had taken place at regular intervals.

However, not all staff working in the centre had received fire safety training. The lead inspector brought this to the attention of the person in charge and provider at the feedback meeting at the end of the second day of inspection. The provider gave a commitment to address these fire safety issues shortly after the inspection. The week following the inspection the person in charge contacted the lead inspector to inform them that staff who had not received fire training had undergone training and had an up-to-date certificate which the inspector reviewed as part of the communication.

Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The inspector examined the fire safety register with details of all services and tests all of which were up to date.

The inspector also observed that fire evacuation doors that required a key had keys in them which could be used to open doors in the event of a fire. The lead inspector spoke with the person in charge and highlighted the risk this posed should a key for the door go missing. During the course of the inspection the provider replaced the key locks in fire exit doors with a thumb turn mechanisms. This would ensure residents could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

Inspectors noted the presence of intumescent strips on all doors in one residential unit. All doors in the premises also appeared to be heavy set fire compliant doors. This

promoted good fire containment measures in the residential unit. However, in the other residential unit such fire containment measures were not in place. No door in the centre appeared to be fire rated, there were no smoke seals or intumescent strips on doors to high risk areas in the premises i.e. the kitchen and utility. The inspector spoke with the person in charge with regards to this. The provider gave the inspector a commitment that these issues would be reviewed and addressed shortly after the inspection.

On the previous inspection it had been identified that risk management systems in place to support a resident that smoked were not adequate. Inspectors reviewed this issue on this inspection to assess if there were improved systems in place. While fire safety systems had somewhat improved, for example a fire extinguisher had been fitted to the wall in the conservatory area where the resident smoked. Inspectors were still not satisfied that risks were adequately managed. The area the resident smoked was located off the kitchen. A smell of smoke permeated the space. There were also inadequate cigarette disposal systems in place. Inspectors were not satisfied that all risks associated with smoking had been adequately addressed such as risk of passive smoking to other residents and staff in the house.

Infection control measures were adequate given the purpose and function of the centre. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection had been addressed adequately.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were systems in place for the management of behaviours that challenge. Residents were also support to avail of community psychiatric services if required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. All staff had received training in response to behaviours that challenge and potential aggression.

A restraint free environment was promoted in general throughout the centre. Some residents were prescribed medication for the management of mental health issues. Inspectors reviewed those residents' personal plans and found that residents were under consistent, comprehensive review by their psychiatrist. Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided further assurances that the centre was a safe place for residents to live in.

The person in charge was the designated person for the centre. She outlined her role and how she carried out investigations where necessary in response to allegations of abuse. Inspectors reviewed preliminary screenings that the person in charge had completed in response to an allegation of abuse brought to her attention. They were found to be comprehensively completed and investigated in line with national policies and procedures for safeguarding vulnerable adults.

Judgment:

Compliant

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:

While the person in charge demonstrated knowledge of her responsibilities to notify the Chief Inspector of incidents that occurred in the centre not all allegations of abuse had been notified to the Chief Inspector in line with the matters as set out in the Regulations.

While allegations had been preliminary screened and investigated they had not been notified. On day two of the inspection the person in charge submitted the relevant notifications along with copies of the preliminary screenings and any investigations that had been carried out.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to be part of their community with a focus on community inclusion evident and the ethos of the centre and organisation.

A number of the residents had completed or were in the process of participating in training programmes on community inclusion, life skills and preparation for the workplace, literacy and numeracy skills, for example.

Some residents had paid employment which suited their interests and capabilities. Residents could make decisions with regards to the type of work they wished to engage in. Residents goals and wishes formed their personal outcome goals and plans were developed to help the resident achieve their goals.

From review of residents' personal plans and lifestyles it was clear to the inspector residents' skills and interests were identified and influenced the type of employment they engaged in. Where residents were not engaged in employment they were supported to engage in meaningful activities and hobbies which allowed them to develop their personal skills and development. For example, some residents enjoyed fishing or learning musical instruments.

Judgment:

Compliant

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:

Overall residents healthcare needs were managed to an appropriate standard however, there was a lack of nutritional assessment for residents requiring nutritional risk management.

Residents were supported to access community primary healthcare services, for example going to their own GP, chiropodist, community psychiatry services and speech and language therapy services. Staff accompanied residents to appointments where required. Residents also used out of hours GP services who could attend to residents in their own home if required. Residents also availed of the services of social work where required. Personal plans documented records of residents' medical visits, referrals and appointments.

Improvements were required to ensure comprehensive evidence based assessment and detail was documented and available in residents' personal plans which would ensure residents' healthcare needs were adequately supported. This is further discussed in Outcome 5.

Inspectors noted that residents were encouraged to make healthy eating and living choices. Some residents were supported to attend slimming clubs in the local area and had achieved good success. Residents were involved in cooking meals in their home and meal choices in their homes. Fridges and cupboards were well stocked with fresh, frozen and dry goods and condiments for making home cooked meals. Each residential unit had adequate kitchen and dining facilities to cater for the needs of the number of residents living there.

However, there was a lack of nutritional risk assessment in residents' personal plans. While residents' weights were documented residents' nutritional risk was not evaluated based on the weight, for example calculating residents' Body Mass Index (BMI). There were no policies or procedures in place to direct staff in how residents' nutrition should be monitored or reviewed and what to do if nutritional risk was identified.

Judgment:

Substantially Compliant

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):

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

Findings:

There were appropriate medication management practices in place at the time of inspection in the most part. Improvements were required in relation to management of out-of-date medications, medication administration documentation and storage of medications.

Written operational policies were in place to guide staff practice in relation to the ordering, prescribing, storing and administration of medicines to the resident. Policies relating to medication management were comprehensive and detailed to provide staff with an understanding of safe, evidence based medication management practice.

There were also procedures for handling and disposing of unused and out-of-date medicines. However, the process required some improvements to ensure it was robust.

Out of date medications were returned to the pharmacy however, there was no record maintained of their return or proof that the pharmacist had received them. During the course of the inspection the person in charge consulted with the pharmacist and drafted a template for recording medication returns. However, this practice was not adequately reflected in the policies and procedures for medication return management and all staff required instruction in this process.

Medication administration charts were clearly documented with residents' names and dates of birth, for example, to reduce the risk of medication administration errors. However, the prescribing physician's signature was not entered against each medication prescribed.

At the time of this inspection there were no residents prescribed medication requiring strict controls.

Medications were stored securely for the most part in secure locked cupboards. However, inspectors found in one residential unit monthly supplies of pre-packed medications stored in an unlocked filing cabinet. This was not in line with safe medication management procedures. An action from the

previous inspection had also found medication storage practices were not secure.

While the person in charge had carried out an audit of medication management systems prior to the inspection a more robust auditing system was required to ensure medication management in the centre was in line with the organisations policies and procedures and best practice.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service 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:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

During the course of the inspection the person in charge further updated the statement of purpose and submitted it to the Chief Inspector.

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):

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

Findings:

Overall, there were adequate systems in place to ensure effective governance and management of the centre. There were some improvements required to ensure unannounced six monthly visits by the provider effectively monitored the compliance of the centre against the Regulations.

Cumas New Ross is run by a board of directors. The board of directors meet on a bi-monthly basis. The provider nominee reports directly to the Board. The management team for the centre consists of the person in charge and two senior residential staff with responsibility for each of the two residential units.

The person in charge works full-time and has worked in disability services for many years. She has worked in Cumas New Ross since 2006. She holds a certificate in health management and is also a trained MAPA (management of actual and potential aggression) instructor. The person in charge and provider were actively engaged in the governance and operational management of the centre on a daily basis. They both had an excellent knowledge of the personalities and needs of the residents that lived in the centre.

Residents were familiar with the person in charge and spoke with her during the course of the inspection. There were clear lines of authority and accountability in the management structure for the centre.

The provider had carried out unannounced six monthly visits of both residential units that comprised the centre. The visits had brought about some changes in the centre such as a change of flooring in one residential unit. The provider had also identified some health and safety trip hazards and had brought about improvements whereby the hazards were addressed. An action plan had been drafted and nominated actions and persons responsible were detailed.

While systems were in place the most recent unannounced visits had not generated a comprehensive report on the quality of care and experience of residents and instead detailed generic information. There was no action plan for the person in charge to implement following the visit which could be used to improve the safety and quality of services residents received. Therefore, the annual review for the centre was not adequate as the information from the unannounced visits did not provide information with regards to the service.

Judgment:

Substantially Compliant

Outcome 15: 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:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The provider with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre overall was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Judgment:

Compliant

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:

Overall inspectors found appropriate recruitment practices were in place. Staff observed and spoken with during the course of the inspection presented as caring people with a good knowledge of residents. However, some actions which were found on the previous inspection had not been adequately addressed. This related to a lack of formalised supervision process for staff and also staff training.

There was a policy on recruitment and selection of staff and a staff handbook in place, which outlined procedures in relation to all aspects of staff's employment with the service. Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the regulations were contained in the files.

During the inspection, inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors, staff members were knowledgeable of residents individual needs. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection, staff were competent and experienced and were aware of their roles and responsibilities.

Although they worked alone, they stated they felt well supported by the person in charge and could call her for advice or assistance at any time. Given that most residents were independent and required minimal mobility supports or medical interventions the staffing numbers were deemed appropriate. The person in charge was required to consistently assess the needs of residents to ensure the staffing compliment in the residential units met their changing needs.

There were appropriate on-call systems in place to support staff. The person in charge and provider were on-call during weekends and out of hours. The provider had also ensured staff had an emergency call system in place. Staff carried an emergency call pendant that they could activate should they require emergency services.

There was a formalised appraisal and development system in place for ongoing performance review implemented by the person in charge. All full time residential staff working in the centre had participated in the appraisal process.

Training records confirmed that a number of staff had received training on personal plans, occupational first aid, community inclusion, management of behaviour that challenges. However, based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire safety and management responses to potential and actual aggression.

Judgment:

Non Compliant - Moderate

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:

While management of records and documentation were appropriately managed there were significant improvements required to bring about compliance in this outcome. This predominantly related to an absence of comprehensive policies and procedures as required in Schedule 5 of the Regulations.

The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

Many of the operational policies required by Schedule 5 of the regulations are not maintained in the centre:

An admissions policy was in place however; it did not include a policy for transfers, discharge and the temporary absence of a resident. A health and safety policy was available however; it did not include food safety, of residents, staff and visitors. A recruitment policy and staff training and development policy was available, however; more detail was required to inform staff of the recruiting procedure.

Other policies as required in Schedule 5 of the Regulations were not in place. These included:

- Communications with residents
- Visitors policy
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- The creation of, access to, retention of, maintenance of and destruction of records

The Person in Charge informed inspectors that a committee was in the process of being developed to review all policies in the service. During the inspection inspectors were presented with four of the above policies in draft format for review. However, they were one page and not comprehensive in nature or did not reflect the practices inspectors observed were in place on inspection.

A directory of residents was available for each resident residing in the centre however it did not include all the information as required in schedule four in the regulations.

Judgment:

Non Compliant - Major

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cumas New Ross
Centre ID:	OSV-0004739
Date of Inspection:	29 June 2016
Date of response:	10 August 2016

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:

There was not enough detail in the complaints log with regards to the complaint logged, the investigation or process that had been carried out and if the resident or complainant was satisfied with the actions taken on foot of their complaint.

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

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Action Planned:

A matrix in line with Regulation 34 (2) (f) will be developed and incorporated into the Complaints Procedure

Proposed Timescale: 31/08/2016

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:

While personal plans evidenced improvements since the previous inspection they lacked evidence of multi-disciplinary assessment and recommendations. For example, a nurse employed by the organisation worked closely with residents supporting them with their healthcare needs. However, personal plans did not evidence their input and assessments of residents needs despite working closely with residents on a regular basis to support them with their healthcare needs.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Action Taken:

The Health Facilitator in the organisation is part of the multi-disciplinary annual review that takes place for each resident.

Action Planned:

The Health Facilitator will now also participate in the annual review of the Care Plan document for each resident and he will undertake a review of the present Care Plan to ensure it reflects all his documentation that is kept securely online with access limited to the Health Facilitator and the Person In Charge.

Proposed Timescale: 28/10/2016

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:

The risk management policy listed specific risks but did not elaborate on how the organisation implemented risk management for them. The policy required improvement to ensure it was a robust, informative document.

3. Action Required:

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

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

Action Taken:

As part of the Risk Management Policy there is a Risk Register, Risk Assessment Tool and Risk Management Action Plan.

Action Planned:

Currently the Risk Assessment Tool and the Risk Management Action Plan is not used as part of the Incident/Accident & Near Miss Policy. During the scheduled review of this Policy, the Risk Assessment and Risk Management Action Plan tools will be incorporated into the Incident/Accident & Near Miss Policy.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Inspectors noted that the hot water in some hand washing sinks was extremely hot. This had not been identified in the risk register for the centre. This posed residents, staff and visitors at risk of scalds.

There were inadequate risk management systems in place for residents that smoked and to protect other residents from the risks associated with passive smoking.

4. 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:

Actions Taken:

A Risk Management Policy is in place.

Thermostatic controls have been installed on both premises.

A smoking gazebo that is detached from the residence has been installed for the sole use of the single resident who smokes.

A risk assessment has been carried out on the single resident who smokes. The risk register has been updated to reflect the measures put in place to minimise the risk of scalds.

Proposed Timescale: 15/08/2016

Theme: Effective Services

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

Not all staff working in the centre had received fire safety training.

5. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Actions Taken:

The staff member has received the required fire safety training.

Proposed Timescale: 15/08/2016

Theme: Effective Services

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

One residential unit did not have fire compliant doors for the containment of smoke and fire.

6. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Actions Taken:

Fire Doors have been installed throughout the premises.

Proposed Timescale: 15/08/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was a lack of nutritional risk assessment in residents personal plans. While residents 'weights were documented residents' nutritional risk was not evaluated based on the weight, for example calculating residents' Body Mass Index (BMI).

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Action Planned:

A Monitoring and Documentation of Nutritional Intake policy is being developed.

A M.U.S.T. assessment is being carried out on each resident by the Health Facilitator in conjunction with the Residential Staff.

Proposed Timescale: 31/08/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Out of date medications were returned to the pharmacy however, there was no record maintained of their return or proof that the pharmacist had received them.

8. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

Action Taken:

A process has been developed with the local pharmacist on the return of out of date medications.

Action Planned:

To incorporate this process into the Medication Management Policy.

Proposed Timescale: 31/08/2016

Theme: Health and Development

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

The prescribing physician's signature was not entered against each medication prescribed

9. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Action Taken:

Each resident's Kardex has been reviewed by the G.P., the correct signatures have been put in place and the generic names of the prescribed drugs have also been included.

Proposed Timescale: 15/08/2016

Theme: Health and Development

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

Inspectors found in one residential unit monthly supplies of pre-packed medications stored in an unlocked filing cabinet. This was not in line with safe medication management procedures. An action from the previous inspection had also found medication storage practices were not secure.

10. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Action Taken:

All Residential Staff have been informed that the filing cabinet is to remain locked at all times and only unlocked to access the relevant blister pack.

This has been recorded in the Residential Staff Minutes of 10th August 2016.

Proposed Timescale: 15/08/2016

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:

While systems were in place the most recent unannounced visits had not generated a comprehensive report on the quality of care and experience of residents and instead detailed generic information. There was no action plan for the person in charge to implement following the visit which could be used to improve the safety and quality of services residents received.

11. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Provider Nominee will revert to the original format that was used for unannounced visits and that enabled the generation of a comprehensive report.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

The annual review for the centre was not adequate.

12. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Action Planned:

The Provider Nominee will revert to the original format that was used for unannounced visits and that enabled the generation of a comprehensive report. The action plan from these visits feed into the annual review and will then ensure that the annual review is in accordance with standards.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training records confirmed that a number of staff had received training on personal plans, occupational first aid, community inclusion, management of behaviour that challenges. However, based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire safety and management responses to potential and actual aggression.

13. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Actions Taken:

All staff have received up-to-date mandatory training in fire safety and management responses to potential and actual aggression (MAPA).

Proposed Timescale: 15/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Other policies as required in Schedule 5 of the Regulations were not in place. These included:

- Communications with residents
- Visitors policy
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- The creation of, access to, retention of, maintenance of and destruction of records

14. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Actions Taken:

A Policy Review Committee has been created, it's membership includes staff and individuals we support and a schedule of new policies to be created and policies to be reviewed has been created and assigned to teams.

Actions Planned:

The policies listed above are being developed by the Policy Review Committee.

Proposed Timescale: 31/08/2016

Theme: Use of Information

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

An admissions policy was in place however; it did not including a policy for transfers, discharge and the temporary absence of a resident. A health and safety policy was available however; it did not include food safety, of residents, staff and visitors. A recruitment policy and staff training and development policy was available, however; more detail was required to inform staff of the recruiting procedure.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Actions Taken:

A Policy Review Committee has been created, it's membership includes staff and individuals we support and a schedule of new policies to be created and policies to be reviewed has been created and assigned to teams.

Actions Planned:

The policies listed above are being reviewed and updated by the Policy Review Committee

Proposed Timescale: 30/08/2016

Theme: Use of Information

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

A directory of residents was available for each resident residing in the centre however it did not include all the information as required in schedule four in the regulations.

16. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Actions Taken:

All of the required information under Regulation 19 (3) is contained in each resident's Care Plan File.

Actions Planned:

Each Care Plan File will be audited to ensure all of the information is easily accessible under the headings of Schedule 3 paragraph (3).

Proposed Timescale: 30/09/2016