Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Oakdale Nursing Home
Centre ID:	OSV-0004454
Centre address:	Kilmalogue, Gracefield, Portarlington, Offaly.
Telephone number:	057 864 5282
Email address:	reception@oakdale.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oakdale Nursing Home Ltd
Provider Nominee:	Valerie Moore
Lead inspector:	Una Fitzgerald
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	2

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).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal 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:
21 June 2017 10:00	21 June 2017 18:30
22 June 2017 07:30	22 June 2017 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspector met with residents and staff, the person in charge, the provider nominee and all members of the management team. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed.

The inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The provider nominee and person in charge had proactively engaged with all stakeholders to ensure that the culture within the centre was open and transparent. The management team responsible for the governance, operational management and administration of services and resources demonstrated good knowledge and an

ability to meet regulatory requirements.

The management and staff of the centre were striving to continuously improve residents' outcomes. A person-centered approach to care was observed. Residents appeared well cared for and expressed satisfaction with the care they received. There was good evidence that independence was promoted and residents have autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Three actions required following the previous dementia thematic inspection in September 2016 had been completed, and substantial compliance with the regulations was found during this inspection.
The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims and objectives of the designated centre. The management have kept the statement of purpose under review and revised the content at intervals of not less than one year, last reviewed in June 2017.

The statement of purpose contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People. The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of 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):

No actions were required from the previous inspection.

Findings:
There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

There was no change in the person in charge of the centre since the last inspection. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

Residents and staff were familiar with current management arrangements. Both residents and staff were complimentary of the management team, telling the inspector that all members of the management team were approachable and receptive to new ideas. The centre promotes a culture of engagement with all stakeholders.

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate access to medical care and allied healthcare. Staff knew the residents well and discharged their duties in a respectful and dignified way.

A comprehensive auditing and review system was in place to capture statistical information in relation to resident quality outcomes, operational matters and staffing arrangements.

Policies and procedures were in place to guide practice and service provision. The centre's insurance cover was current and a certificate of insurance was available.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the implementation plan in 2017.

Interviews with residents during the inspection and satisfaction surveys completed by or on behalf of residents in preparation for this announced inspection were positive in respect to staff, the provision of the care, the facilities and the overall service provided.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The inspector observed a culture of promoting a restraint free environment which was evidenced by a reduction in the use of restraints. Alternative measures such as low-low beds, mat and bed alarms and bed wedges were available. There was clear rationale in residents care plans in relation to the use of bed rails. The inspector reviewed a sample of the decision making tools used when considering the use of restraints. The documentation of alternatives considered or trialled in risk assessments was clear. There was evidence of the communication and consultation had with residents and families on bedrail usage. Written consent form were also seen in all files reviewed.

The inspector saw positive and respectful interactions between staff and residents and that residents were comfortable in asserting themselves and bringing any issues of concern to staff. Residents and relatives spoken to articulated clearly that they had confidence in the staff and expressed their satisfaction in the care being provided. Inspectors reviewed the system in place to manage residents' money and found that overall reasonable measures were in place and implemented to ensure the management of resident's finances were fully safeguarded. Each resident had a lockable cupboard in their bedroom. A number of residents have availed of the option to lock their bedroom doors.

The inspectors was satisfied that there were policies and procedures in place for the protection of residents. The person in charge and the registered provider were actively engaged in the operation of the centre on a daily basis. All staff had received training on the prevention of elder abuse and staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. In conversations with residents, the inspector was informed by all residents spoken too that they felt safe and secure in the centre.

The centre has a policy on and procedures in place to support staff with working with residents who have responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment}. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The person in charge informed the inspector that among the current residents only one resident currently has responsive behaviours. All incidents were documented using an ABC chart. Staff were familiar with the de-escalation techniques best adopted to manage any incidents. However some gaps were evident on the documentation and recording of the detail of incidents of responsive behaviour. This was discussed with the management team and a training scheduled with all staff to ensure that the gaps are addressed will be actioned.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The centre had policies and procedures relating to health and safety. The health and safety statement was available and is currently under review. The centre has a comprehensive risk management policy that includes items set out in Regulation 26(1). The centre had a current risk registrar that identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. The management team were involved in the review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures. An audit of falls had been carried out.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as apons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. The cleaning schedule included the routine daily chores but also contained detail of deep cleaning that is carried out weekly. The standard of cleanliness throughout was excellent.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this and were knowledgeable about fire safety and evacuation procedures. Simulated fire drills had been completed in the centre. A record of the drill, the scenario simulated, the persons involved, the time taken for and extent of the evacuation was detailed.

During the inspection the inspector noted that some residents had their doors held open using door wedges. This was discussed with the management team and immediate action was taken. The inspector was reassured that this practice will not reoccur and that this will be communicated to all staff. The provider nominee had commenced installation of an automatic magnetic door release mechanism in the event of activation

of the fire alarm. The inspector was informed that the roll out and installation of magnetic doors to all resident bedrooms will be in place within 10 working days.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Actions required from the last inspection had been carried out and the new medication management policies were implemented in September 2016. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Audits of medication charts was carried out in April and June 2017. Medication errors were reviewed and learning from incidents and reported errors informed improvements to protect residents.

The processes in place for the handling and checking of medicines received including controlled drugs were examined. Practices found and procedures described were in accordance with current professional guidelines and legislation.

Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. Prescription and administration records were maintained in accordance with the centre's policy and professional standards.

A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Arrangements were in place to meet the health and nursing needs of residents. Access to a general practitioner (GP) and allied healthcare professionals including psychiatry of older life, physiotherapy, dietetic, speech and language, dental, ophthalmology and specialist palliative care were made available when required.

Residents had good access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner. Care plans were updated to reflect any changes as a result of reviews.

Pre-admission assessments were carried out and recorded. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a comprehensive care plan in place. The nursing management had introduced a system of allocating a case load to each nurse to have responsibility for ensuring that care plans were up to date. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the residents under their care. For example: a speech and language therapist had advised that one resident had their medications crushed. The resident had refused and this decision was respected. A risk assessment was carried out and the multidisciplinary team were involved in how best to manage this residents medication management. The resident was satisfied with the medication management plan and this was reviewed monthly.

The centre has a computerized care plan system. While all care plans reviewed were person centered some gaps were identified between when the assessment was completed and the care plan was development. The timeframes were not consistently within the 48 hours required by the regulations. Once developed, each care plan was

reviewed and evaluated at intervals not exceeding four months or more frequently when required. There was clear evidence that care plans and treatment given is done in consultation with residents, and when appropriate the residents family was also actively involved.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures for the management of complaints. The complaints process was displayed in a prominent place in the reception area. The registered provider and the person in charge were both involved in the management of complaints received. The inspectors reviewed the complaints log. Records indicated that complaints were minimal, a total of 10 to date in 2017. Residents were informed on admission of the complaints procedure.

The management of all complaints received had been investigated promptly, a record of the outcome was documented and there was also detail if the complainant was satisfied with the outcome. The centre had an appeals officer and also directed the complainant to the office of the Ombudsman if unhappy with the outcome. The inspectors also saw evidence of improvements for residents as a result of complaints.

However the centre did not have a nominated person who reviewed and maintained the records with regards to all complaints. This was discussed with the registered provider and person in charge during the inspection and this was addressed and a member of the team was appointed, the policy was under review to reflect this new change.

Residents spoken with on the day told inspectors that they would not hesitate to make a complaint if they had one. Relatives said that they were satisfied with the care and were aware of who they could complain to if they needed to.

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 were written operational policies and procedures in place for end-of-life care which staff were familiar with. All resident files reviewed had detailed person centered end of life care plans that direct care and identify resident's specific requests. Detailed discussions regarding residents' wishes were recorded. The centre had developed information booklets and guidelines specific to end of life care.

There is access to specialist palliative care services when required. The person in charge had completed training on symptom management specific to end of life care. The centre had a positive approach to ensure that all resident's quality of life was maximized. The centre has the option for families and friends to remain with the residents throughout their journey. Arrangements for the removal of remains occur in consultation with the deceased resident's family.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence of consultation with resident's and their representatives in a range of areas on a daily basis and a formal resident and family meeting held every six weeks. The centre has a group text that sends a reminder to all families of the meeting. Resident's have access to independence advocacy services.

The centre is part of the local community and residents have access to radio, television, newspapers, information and frequent outings to local events. The centre accommodates residents to visit their home if requested. During the days of inspection the inspector observed multiple examples how the routines, practices and facilities maximize residents' independence. For example, one resident spoke to the inspector in great detail about the work he does in the garden growing a variety of vegetables. The inspector was also informed by the catering team that all residents have recently enjoyed cabbage and rhubarb from the homes garden.

The activity programme within the centre is robust and offers a wide variety of options for all residents. There was evidence of outings that had been organized and enjoyed by residents. The inspector was also informed of planned trips that are arranged for the coming weeks. The centre's management team have organized frequent visits from local farm animals for residents who could not travel to local farms. The centre also has a resident dog, cat and several gold fish.

Overall there was clear evidence that residents have the opportunity to participate in activities that are meaningful and purposeful that suits their individual needs and interests.

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:
The actual and planned rosters for staff was reviewed. The inspector found that staffing levels and skill mix were sufficient to meet the needs of residents. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities and nurse managers explained the systems in place to supervise staff. Residents spoken to confirmed that they felt their care needs were met by staff. Residents felt that their call bell was always answered and felt safe in the centre. Recruitment and induction

procedures were in place. The centre had a process of staff appraisals in place. Staff spoken with felt supported by the management team.

Evidence of current professional registration for all registered nurses was seen by the inspector. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. Training included in house mandatory training on safeguarding and safety, patient moving and handling, fire safety and cardio pulmonary resuscitation. All staff nurses had additional requirements such as medication management. The training matrix clearly evidenced that all mandatory training was up to date.

All documents as required by Schedule 2 of the regulations for staff were maintained.

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:

Una Fitzgerald
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Oakdale Nursing Home
Centre ID:	OSV-0004454
Date of inspection:	21 & 22/06/2017
Date of response:	07/07/2017

Requirements

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

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

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Further development work is required on the documentation when recording the detail of incidents of responsive behaviour.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

Please state the actions you have taken or are planning to take:
In Oakdale we value training and education for all members of our staff. At present 65% of staff have completed training in the care of those residents who exhibit Behaviours that Challenge. It is our aim to ensure that training will be complete for all nurses by 11/7/17 and for all our care staff by 30/9/17.

An external company is providing the training for our nurses.

Our local Psychiatry of Later life team also provides training for members of staff in the documentation and management of responsive behaviours

The Provider and the ADON will ensure that each HCA has the required training complete by 30/9/17.

Nurses will be responsible for mentoring HCA's and also reviewing all documentation pertaining to episodes of challenging behaviours.

Proposed Timescale: It is our aim to ensure that training will be complete for all nurses by 11/7/17 and for all our care staff by 30/9/17

Proposed Timescale: 30/09/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
During the inspection the inspector noted that some residents had their doors held open using door wedges. This was discussed with the management team and immediate action was taken.

2. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
This action was completed by 1700hrs on 4th July 2017, as confirmed in an email to HIQA, in the registration office at 09:33hrs 5th July 2017. All bedroom doors have been fitted with automatic door closures connected to the main fire alarm.

Proposed Timescale: This action was completed by 1700hrs on 4th July 2017

Proposed Timescale: 04/07/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans reviewed were person centered. Some gaps were identified between when the assessment was completed and the care plan was development.

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

Please state the actions you have taken or are planning to take:
With effect from 22nd June 2017 the DON and ADON ensure that each resident has a careplan developed within 48 hours of admission to Oakdale.

Proposed Timescale: With effect from 22nd June 2017

Proposed Timescale: 22/06/2017