

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group J - St. Vincent's Residential Services
Centre ID:	OSV-0003935
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Margaret O'Regan
Support inspector(s):	Conor Dennehy
Type of inspection	Unannounced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 November 2016 09:50	01 November 2016 18:30
02 November 2016 09:50	02 November 2016 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in July 2014.

How evidence was gathered:

As part of the inspection, the inspectors met with all 17 residents who were residing in the centre. Residents were able to express their views of the service provided both verbally and non verbally. Overall, residents appeared satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspectors noted that since the July 2014 inspection, a number of improvements had been made in relation to the documentation maintained around complaints, care plans, risk assessments and medication management.

The inspectors spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be

improved. The inspectors spoke with the person in charge and gained an insight into their role in the operation of the centre.

The clinical nurse manager and the risk and safety officer met with the inspectors and were present for the inspectors' feedback at the end of the inspection.

Inspectors examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed 'to provide a homely environment' where residents can live 'with respect and dignity, express their individuality and be integrated in the local'. The inspectors found these aims had been achieved.

Accommodation was in three detached bungalows adjacent to each other. The bungalows made up part of the campus accommodation provider by the Daughters of Charity Limerick. Six residents were accommodated in single occupancy bedrooms in each house. Each house had two sitting areas, a kitchen, two shower rooms, an office and a garden. The houses were well maintained.

Male and female residents were accommodated in this service. Residents were able to get out and about on the campus grounds on a daily basis. Transport was available to support residents' avail of trips to local shops and other local amenities.

Overall judgment of our findings:

The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated. Some of these needs were complex both medically and socially. Staff and the person in charge were acutely aware of these complex needs and were committed to supporting each resident to achieve a good quality of life.

Inspectors found that care was provided in a holistic environment where respect was a core element of all interactions. The inspectors saw residents going out to activities, enjoying a birthday party with family and going shopping. Residents had opportunities to spend leisure time together and develop friendships.

Inspectors found the service to be in compliance with seven of the 11 outcomes inspected. Improvement's was identified as being required under Outcome 8 (Safeguarding and Safety), Outcome 6 (Safe and Suitable Premises), and Outcome 13 (Statement of Purpose and Outcome 18 (Records and Documentation to be kept) Inspectors were informed these matters were in the process of being addressed.

These findings are outlined under each outcome in the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors were satisfied that residents' rights and dignity were respected and that residents were consulted about how the houses were run. Feedback was sought and informed practice. For example, family feedback was sought; house meetings took place and the key worker and named nurse advocated on behalf of the resident.

There were policies and procedures for the management of complaints. Residents and their families were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was displayed in the hallway and was also discussed at house meetings. Inspectors saw that the complaints process had been strengthened since the previous inspection in relation to the manner in which documentation was maintained.

Family members who spoke with the inspector expressed confidence in the complaints process and the provider's capacity to deal with any complaints that would arise. Family experienced no barriers to approaching the person in charge with regards to any aspect of their relatives care.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to have single occupancy bedrooms. Family with whom the inspector met commented on the high standard of care provided to their relative. To emphasise the level of holistic care and attention provided to their relative, the family member commented on how "staff love" the resident.

Residents were facilitated to have contact with friends, family and significant others. For example, on the day of inspection one resident had a birthday party which many family members attended as did other residents and staff. It was clear this celebration was very important to the resident and one they enjoyed.

Residents' personal communications were respected. For example, resident gestures were interpreted to good effect and staff knew when a resident wanted assistance and what type of assistance they needed. A communication timetable was in place for some residents and this assisted residents and staff to communicate effectively with each other.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed and what activities they partook in.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the annual review of their personal care plans. Residents attended Sunday mass.

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to assist with their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as dining out in restaurants, going for a social drink or shopping in nearby shopping centres.

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):

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

Findings:

Residents or their representatives were actively involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents.

For example, one resident was provided with reflexology, hydrotherapy, aromatherapy and hand and foot massage. This was to maximise the resident's wellbeing, as touch and smell were the resident's two remaining senses. Providing such activities for this resident supported the resident with their increasing dependency and progressive ill health. The inspector observed these activities taking place and was aware of the importance staff placed on the activities.

Care plan goals were documented and tracked as to how their attainment was progressing. This was a matter that had been identified as needing attention on the previous inspection. Also since the previous inspection, much work had been completed in streamlining the plans of care to ensure they were working documents which were up to date with the resident needs.

Residents and their family members were consulted with and involved in the review process. For example, family members were invited to care planning meetings. One resident wrote to and receive a letter from, a family member each week. This family member lived abroad. Such communication was of immense importance to both the resident and their relative. The resident enjoyed sending photographs of the outdoor flower pots they had planted and tended to. The inspector observed the resident receiving assistance from staff to post their letter.

Residents were provided with a social model of care. They were involved in a varied activities programme which included in-house activities, activities on campus and activities off campus. Residents were facilitated to express their individuality in so far as practicable. For example, all residents were well groomed and well dressed in clothes of their choosing.

The person in charge was engaged in a committee dedicated to the promotion of a social model of care. Staff were trained in this model of care and mentored in it by the person in charge.

Judgment:

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):

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

Findings:

The previous inspection of this designated centre in July 2014 had found that there was inadequate storage and that the layout of the bathroom facilities was not sufficient to ensure the dignity of residents at all times.

These findings remained unchanged however, inspectors were informed by the person in charge and representatives of the provider that funding for work to address these issues had been secured and work was to begin before the end of 2016.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Fire drills were carried out at regular intervals and documented accordingly. The evacuation procedures for residents with mobility needs had been reviewed since the previous inspection and staff members spoken to were aware of what to do in the event that an evacuation was necessary. Staff training records were reviewed and staff were provided with fire safety training. Two new members of staff who had recently commenced in the centre were booked in to receive such training in the days following inspection.

Fire alarms and fire fighting equipment were in place in each of the three units of the designated centre. Evidence of maintenance by external companies were seen and internal staff checks were also being carried out. Emergency lighting was also present,

serviced and seen to be operational. Fire exits were observed to be unobstructed throughout the designated centre.

Risk registers were in place for the units of the designated centre. Each register contained resident specific risk assessments which outlined the necessary control measures to mitigate against the risks. These risk registers had been recently reviewed and staff members spoken to were familiar with the risks associated with individual residents and the resulting control measures to mitigate these risks. A risk management policy was in place which had been reviewed at previous inspections of some of the provider's other centres.

A system for recording accident and incidents was in place and such adverse events were reviewed by the person in charge. A safety statement was in place and inspectors saw evidence of a weekly health and safety checklist being completed in the months before inspection.

Judgment:

Compliant

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:

Policies and procedures in relation to safeguarding were in place. Staff members spoken to were aware of the steps to be taken in the event that an allegation of abuse was made or an instance of abuse was witnessed. Inspectors reviewed staff training records and although it was noted that most members of staff had received training in the area of safeguarding, two staff members were not listed as having received such training. Inspectors were subsequently informed that these staff were due to receive this training in the month after inspection.

Inspectors reviewed the systems in place for the management of residents' finances. A selection of records was reviewed and was found to be transparent and clearly documented containing receipts and signatures by staff for all incomings and outgoings. Inspectors checked a sample of cash balances held within the designated centre which

were found to match with the recorded balances. Residents' finances were reviewed on a monthly basis within the designated centre and residents' money was securely stored.

Some restrictive practice was in use within the designated centre but this was found to be appropriately managed and reviewed. For example there were nightly checks for residents who used bedrails while restrictive practice meetings took place to review any restrictive practice that was in use in the designated centre. Staff members informed inspectors that alternatives were attempted before using restraint.

Assessments and care plans were in place for residents with challenging behaviour. Inspectors reviewed a sample of these and found that staff members were aware of the strategies to be followed to respond to such behaviour.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

This was a nurse led service, with nursing staff on duty to support residents at all times. Nurses were assisted in the roles by competent social care staff. Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies.

Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic and occupational therapy. Also available to residents was psychological and psychiatric support.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End-of-life care was provided in a manner that met the needs of the resident and in line with best practice. This included staff remaining with a resident if they were admitted to an acute hospital at the end of their life. End of life care plans were sensitively written and showed respect for the residents and their families wishes.

Food was nutritious, appetising, varied and available in sufficient quantities. It was

available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Inspectors saw that meal times were positive social events.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. Residents were assessed for dementia support if there was an indication for this. The psychiatry team offered support in this regard.

The centre had access to good quality equipment such as hoists, pressure relieving mattresses and walking aids.

Judgment:

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):

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. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment.

A system was in place for reviewing and monitoring safe medication management practices. Staff received the support from a clinical nurse manager who was a nurse prescriber. Staff had received appropriate training in the administration of emergency medication.

Overall, documentation in relation to medication was satisfactory. However, it was unclear on some of the medication charts who the resident's GP was. This is actioned under Outcome 18.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the Statement of Purpose in place at the time of inspection and noted that it did not contain the following information as required by regulations:

- the specific care needs that the designated centre is intended to meet
- the criteria for admission to the designated centre including policies and procedures around emergency admissions
- the room sizes for the designated centre were not provided
- the arrangements for complaints were not sufficiently clear.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to ensure that the service provided was safe,

appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

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):

No actions were required from the previous inspection.

Findings:

Throughout the inspection, staff members were observed engaging with residents in a caring and warm manner. It was evident that staff were committed to their roles and had a strong knowledge of the residents and their needs.

The designated centre comprised three individual units and inspectors were satisfied that there were appropriate numbers of staff available in each of the units to meet the needs of residents. Some residents required nursing care and such staff support was in place throughout the designated centre.

Training records were reviewed and it was noted that training in areas such as challenging behaviour, infection control, manual handling and medication management had been provided. However as mentioned under Outcome 8 two members of staff were not listed as having receiving safeguarding training.

Staff were supervised by and received sufficient support from the person in charge and

from the clinical nurse manager in place. Staff rosters were maintained within the centre. Staff files were held centrally in the provider's main office and had been reviewed previously. There were no volunteers involved with the designated centre at the time of inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall, documentation in relation to medication was satisfactory. However, it was unclear on some of the medication charts who the resident's GP was.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Margaret O'Regan
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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003935
Date of Inspection:	01 and 02 November 2016
Date of response:	07 December 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 06: Safe and suitable premises

Theme: Effective Services

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

There was inadequate storage and the layout of the bathroom facilities was not sufficient to ensure the dignity of residents at all times.

1. Action Required:

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

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Storage units have been ordered for this centre. Same are funded and will be in place by 28/02/2017.

Funding has been approved for alterations to the bathrooms in this centre to ensure the dignity of the residents at all times. Work will commence on same in January 2017 and the bathrooms will be completed by the end of March.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Training records reviewed showed that two members of staff had not attended safeguarding training

2. Action Required:

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

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

The two staff members are scheduled to attend safeguarding training on 08/12/2016.

Proposed Timescale: 08/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Not all of the required information was contained in the Statement of Purpose.

3. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The statement of purpose will be reviewed to include all required information as per the

regulations.

Proposed Timescale: 23/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

It was unclear on some of the medication charts who the resident's GP was.

4. Action Required:

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

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

The person in charge will ensure that the residents GPs name is clearly printed on each medication chart.

Proposed Timescale: 23/12/2016