



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0041445

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 March 2024	18:30hrs to 21:30hrs	Ella Ferriter	Lead
Friday 22 March 2024	08:30hrs to 14:00hrs	Ella Ferriter	Lead
Thursday 21 March 2024	18:30hrs to 21:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Residents living in Maryborough Nursing home told the inspectors that they enjoyed a good quality of life in the centre. The inspectors met with the majority of residents living in the centre and spoke in more detail to fifteen residents, to gain an insight into their daily life and experiences. The overall feedback from residents was that they were very happy living in the centre and that staff were exceptionally kind and committed to their care. The inspectors found that residents received a high standard of person-centred care from a team of staff under the supervision of a committed management team.

This inspection was unannounced and took place over one evening and one day. Two inspectors attended the centre on the first evening and on day two of the inspection one inspector attended the centre. On arrival to the centre inspectors met with the registered nurse who was in charge of the centre. The person in charge and clinical nurse manager also attended the centre at approximately 19:00 hrs to meet with the inspectors and facilitate the inspection process.

Inspectors observed on the first evening of the inspection 18 residents in the main sitting room enjoying a game of bingo and taking refreshments. Inspectors saw residents laughing and engaging with staff during the game and enjoying the prizes that they won. Residents gave feedback to inspectors about the centre and reported that they enjoyed the evening activities and that there were always things to occupy them. One resident described how they were supported by staff and they enjoyed their company. The inspector observed groups of residents engaging positively with each other over the two days and residents described fellow residents as close friends. One resident told inspectors they were like a small family in the centre. The inspectors spoke with individual residents, and also spent time in communal areas, observing residents and staff interaction. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings.

Maryborough Nursing Home is a designated centre for older people situated on Maryborough Hill, outside the village of Douglas in Cork. It is registered to accommodate 37 residents and there were 35 residents living in the centre, on the day of this inspection. Operationally, the centre is divided into named corridors Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan. Communal space for residents consists of a large day room, dining room and a library. Inspectors saw that the sitting and dining room was being decorated for Easter over the two days and residents told inspectors they were looking forward to the Easter weekend.

Bedroom accommodation in the centre is all on one floor and consists of 35 single and one twin room and all but four of these rooms had en-suite facilities. As found on the previous inspection the provider was operating the twin bedroom as a single room. The inspectors saw that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. There was adequate storage space for residents personal possessions and property, including lockable

storage for valuable items. Residents spoke to inspectors of their privacy always being protected and that they particularly liked having their own room and bathroom facilities. Staff were seen to knock on doors and ask permission of residents to enter their rooms and were observed to be compassionate and respectful towards residents.

Overall, the premises was laid out to meet the needs of the residents and it was clean and well maintained. Inspectors observed that corridors were nicely painted in different colours and there were pictures of Cork local scenery on the walls. There was ongoing upgrades to the premises taking place. Some flooring in the sitting rooms required attention and upgrade and there was a plan in place for the completion of this work in the coming months. Numerous bedrooms had floor and bathroom upgrades completed since the previous inspection of the centre.

Inspectors sat in on the night handover on day one of this inspection and were assured that their were good communication processes in place. Information conveyed relating to residents care was comprehensive and it was evident that there were good systems to oversee and monitor residents clinical care needs. Inspectors reviewed the staffing levels in place for the night in the centre which comprised of one registered nurse and two health care attendants. From discussions with staff it was evident that at the administration of night medications can take up to two hours. Therefore, the inspectors were not assured that there were sufficient staffing levels at this time which is further detailed under regulation 15.

The atmosphere in the centre was relaxed and calm on the day two of this of inspection. On arrival to the centre the inspector saw some residents enjoying their breakfast in the dining room and others were served breakfast in their room at their request. Residents spoke of having choice about when they get up in the morning, retire at night and where to eat their meals. One resident told the inspectors that they chose to get up after six am every morning, as this is how they had always lived their life. They stated that staff always respected this decision and assisted them with an early shower and a hot breakfast in the dining room.

On the day two of the inspection the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times, and call bells were observed to be attended to in a timely manner. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. Residents who chose to stay in their bedrooms were seen to be checked regularly. One resident told the inspector that they preferred to remain in their room and read or watch television and that staff checked on them regularly and helped them do their nails or hair which they really enjoyed. It was evident to the inspectors that staff knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively. Staff demonstrated genuine respect and empathy in their interactions with residents and, as a result, care was very person centred.

Visitors were observed coming in on the first evening of the inspection and on day two. Visitors confirmed that visits were encouraged and they were facilitated to visit their loved ones. One visitor told the inspectors that had the opportunity to meet

with the management team over video link or in person monthly to discuss any aspects of their family members care and they found this very beneficial.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the findings of this inspection were that the governance and management of Maryborough Home was robust which ensured that residents received good quality, safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on promoting residents human rights and person centred care and there were good levels of compliance. Some actions were required in staffing, care planning and further upgrades to the premises which will be detailed under the relevant regulations.

The registered provider of the designated centre is Maryborough Nursing Home Limited, which comprises of two directors. Both directors of the company work full time in the centre, one as the general manager the other as the person in charge. They were both involved in the operational management of the centre and were well known to residents and families. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The management team was observed to have strong communication channels and a team-based approach. There was evidence of effective communication processes and meeting records identified that all aspects of the service were discussed and actions taken as required.

The person in charge was appropriately qualified and experienced and they demonstrated a clear understanding of their role and responsibility and were a visible presence in the centre. They were supported in their role by a full time Clinical Nurse Manager, who deputised in their absence. There was evidence that staff received training appropriate to their roles. Mandatory training for all staff was up to date and being monitored by management. Supervision arrangements were in place for new and existing staff and there was a comprehensive induction programme.

The person in charge and the clinical nurse manager supervised care delivery were supernumerary when on duty Monday to Friday and they operated an alternative on call system at the weekend. The provider employed a team of nursing, healthcare, administrative, catering, household and activities staff. A review of the staffing roster and the observations of the inspectors, indicated that there were adequate

numbers and skill mix of staff to meet the needs of residents in the day. The person in charge confirmed that staffing levels were kept under review and informed through monitoring of the residents dependency needs and occupancy levels. However, the nurse ratio present in the centre when night time medications are being administered required action, as found on the previous inspection. This is further detailed under regulation 15.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and the collection of key performance indicators. There were associated action plans which identified areas where improvements were required. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation.

The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. Each resident had a written contract of care that included the services provided and fees to be charged, including fees for additional services.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required by the regulations and were well known to residents and families. They demonstrated very good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

There were 35 residents living in the centre on the day of this inspection. As per the requirements of the regulation all residents had been assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. The inspector noted that the dependency levels of residents were as follows: Independent- 2 residents, Low- 4 residents, Medium-15 residents, High-5 residents and Maximum- 9 residents.

Staffing levels on the night shift (20:00hrs-08:00hrs) comprised of one registered nurse and two health care assistants. An activities coordinator also worked until 21:00 hrs to facilitate evening activities for residents in the sitting room. Following findings of previous inspections the provider had increased nursing ratio to ensure

two nurses were available in the centre when night time medications were being administered. However, this nurse allocation had been discontinued a few months prior to this inspection.

The inspectors were informed by two members of the nursing team that the night time medication administration round took approximately two hours to complete and there were occasions in which they may have to leave the medication round to attend to residents care requirements. Therefore, the inspectors were not assured that there could be adequate clinical supervision for up to 37 residents by the nurse at this time while administering medications. This potentially could result in delayed clinical care or delays in medication administration.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role in areas such as palliative care, medication management and antimicrobial stewardship. There was a focus on the provision of training to staff to improve outcomes for residents. For example, all staff had received training in restrictive practices and the centre was operating where no residents living in the centre had bedrails in place. Arrangements were in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes. A comprehensive annual review had been formulated of the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services, as per the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared in writing a statement of purpose relating to the centre and it contained the information set out in Schedule 1 of the regulations. This had been reviewed and revised at intervals of not less than one year, as per the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents occurring in the centre were well recorded and informed quality improvement. All required notifications had been submitted to the Chief Inspector, in line with the requirements of the regulation. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and evidenced that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. These were reviewed at intervals not exceeding three years, as per regulatory requirements.

Judgment: Compliant

Quality and safety

The findings of this inspection were that residents living in Maryborough Nursing Home were supported to enjoy a good quality of life and were in receipt of a high standard of clinical care. Residents' needs were being met through good access to healthcare services and very good opportunities for social engagement. Residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. Some actions were required in care planning which will be detailed under the relevant regulation.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. Residents had access to medical care with the residents' general practitioners providing reviews in the centre as required. Residents were also provided with access to other health care professionals, such as speech and language therapy, physiotherapy and dietitians, in line with their assessed need. Residents weights were being monitored appropriately and there was a low incidence of pressure ulcer development in the centre.

Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. Each resident had a care plan in place and the inspectors found that residents care plans were very personalised and contained information relating to the residents family, work history and personal preferences for care and support. However, on review of a sample of care plans some required updating to reflect recent changes in residents conditions, this finding is further detailed under regulation 5. Care plans reviewed detailed residents' end of life care wishes and preferences including their resuscitation wishes.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were no residents allocated bedrails on the day of this inspection. Safeguarding training was provided and was seen to be up to date for staff. The centre did not act as a pension agent for any residents living in the centre, at the time of this inspection.

Management and staff promoted and respected the rights and choices of resident's in the centre. Resident meetings were frequent and well attended and issues identified were addressed. Dedicated activity staff implemented a varied and

interesting schedule of activities over seven days per week. Residents had access to independent advocacy services.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely. Residents were also supported to access additional supports such as assistive technology to assist with their communication.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents personal possessions. Each resident had sufficient space for storing personal possessions including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer. There were effective systems in place for the return of residents clothing following laundering. Personal laundry and bed linen were being laundered by an external company.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences. There was also documentary evidence of consultation with residents' families, which formed part of the care approach. There was involvement of the community palliative care team, if required, in conjunction with the general practitioner.

Judgment: Compliant

Regulation 17: Premises

Flooring in the communal sitting and dining room required replacement or repair. The management team acknowledged this and informed inspectors that there was a plan in place to address this in the coming months.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

On review of the documentation used, when a resident is temporarily transferred to the hospital the inspectors found that the correspondence was comprehensive and it contained all relevant information about the residents clinical care requirements and personalised care preferences.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some action was required in individual assessment and care planning to ensure that residents documentation reflected their care requirements and could direct care delivery. For example:

- a resident receiving wound care in the centre did not have this referenced in their care plan to direct care delivery.
- a residents mobility care plan and falls risk assessment had not been updated following a recent fall.
- care plans had not been updated to reflect visiting and the majority reviewed reflected visiting restrictions during the global pandemic.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents clinical care by management. Residents had timely access to a General Practitioner, and there was evidence of regular reviews. Residents were also supported with referral pathways an access to allied health and social care professionals such as a dietitian, speech and language therapist and chiropodist as required. A physiotherapist attended the centre two days per week.

Judgment: Compliant

Regulation 8: Protection

All staff had received safeguarding training and those spoken to on the day of inspection demonstrated good knowledge in relation to protection of residents and reporting abuse. On the day of inspection the service was not acting as a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre via residents meetings and taking part in resident surveys. The inspectors observed residents being offered choice over the two days and staff speaking with and assisting residents in a positive and friendly manner which respected people's privacy, dignity and independence.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0041445

Date of inspection: 22/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We utilize a nationally validated nursing assessment tool to calculate dependency levels of residents and predict care hours required. This is continuously reviewed as outlined in the report to ensure our staffing aligns with the assessed needs of residents. We consistently provide in excess of the care hours required.</p> <p>We have completed a full review of known incidents and clinical events occurring in 2023 during the night time medication round (8-9pm) and found that there was an extremely low occurrence of such events (e.g. falls, deaths, medication errors and behaviours) during this time – complete.</p> <p>However, to assure inspectors we have also completed an initial review of nighttime medications prescribed for residents and found that a number of these could potentially be adjusted to reduce down the number of medications and associated time inputs required for the nighttime medication round to ensure the nurse rostered is available for greater clinical supervision during this time. We have therefore requested a full medication review of all night time medications to be conducted by our pharmacist in line with the residents' GP as prescriber. This review will be complete by 31st May 2024 and will be repeated six monthly or as required in line with any significant changes in residents' assessed needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Flooring in the communal sitting and dining room will be repaired before 31st December 2024 and replaced before 31st December 2025.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Individual resident care plans identified have all been reviewed and updated – complete.</p> <p>Visiting care plans for all residents have been updated in line with current public health guidance and residents’ will and preferences – complete.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	25/03/2024

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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