

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Abbey Haven Care Centre & Nursing Home
<b>Centre ID:</b>	ORG-0000738
<b>Centre address:</b>	Carrick Road, Boyle, Roscommon.
<b>Telephone number:</b>	071 9670 111
<b>Email address:</b>	accounts@abbeyhaven.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mulryan Construction Limited
<b>Provider Nominee:</b>	Breege Mulryan
<b>Person in charge:</b>	Colette Egan
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Geraldine Jolley;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	7

## **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 judgements 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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 following notification of a change in person in charge. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 April 2014 10:00 To: 10 April 2014 17:00

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

Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This announced monitoring inspection was carried out as part of the Health Information and Quality Authority's (the Authority's) regulatory monitoring function to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended) and to meet with the recently appointed Person in Charge.

The reports from all previous inspections of this centre can be accessed at [www.hiqa.ie](http://www.hiqa.ie).

This centre was registered as a designated centre in 2012 and this was their fourth inspection by the Authority. At the time of the last inspection in September 2013 inspectors found the centre to be operating in compliance with the conditions of registration and in substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures. Residents spoken with by the inspectors were complimentary of the service provided and stated "we are well cared for" "staff are great".

Areas of non compliance identified during the inspection were discussed with the provider representative and person in charge at the end of the inspection.Areas which require attention post this inspection include care planning, weight recording, nutritional management, end of life documentation and provision of specific activities for dementia residents

The non-compliances are discussed in the body of the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was appointed as Person in Charge in January 2014. Inspectors met with the person in charge and discussed her role as person in charge at the centre. She commenced working as a staff nurse in the centre in 2013. She is a registered nurse having qualified in 1982 and works full-time. She has worked in elderly care on a continuous basis since 2007.

She works in the delivery of care on a regular basis. Residents spoken with confidence that she was available to them. The duty rosters supported that two nurses were on duty in addition to the person in charge, thereby ensuring that the person in charge had adequate time to complete her managerial and supervision tasks.

Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with An Board Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were all in date. She confirmed that the provider worked in the centre on a daily basis and was supportive.

She had continued to keep her skills up to date by undertaking ongoing professional development and informed the inspectors that she had plans to commence a management course in September 2014.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the records reviewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The Directory of Residents was reviewed by one of the inspectors who found that it complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were provided with a copy of the centre's policy on protecting residents. The policy was accessible to all staff. The provider representative informed inspectors that all

staff had attended training on recognition and responding to elder abuse. This training was provided by the provider representative who had completed the train the trainer programme in this area. Staff spoken with on inspection were able to tell the inspectors about the procedures to be followed in the event of an alleged incident of elder abuse. Staff had knowledge of the local HSE Senior Case Worker.

The centre was secure. There was a visitors' sign-in book located at the entrance to the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

Residents residing in the centre told the inspectors they felt safe, stated that they felt safe and this was also evidenced in the pre-inspection questionnaires submitted to the Authority and from chatting with residents.

There was a system in place to safeguard resident's finances and inspectors reviewed the accounts. The inspectors were informed that management of the centre do not act as an agent for any residents. Inspectors did not review the financial arrangements on this inspection. There were no issues with regard to finances on the last inspection.

Inspectors noted on reviewing a care file that there were restrictive practices in place with regard to a resident receiving visitors. However, there was no risk assessment made available to inspectors as to why this was occurring. There was also no information available that this had been agreed and discussed with the resident and whether the resident had been offered the services of an independent advocate.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

### **Findings:**

Risk Management

There were procedures in place to protect the safety of residents. A risk management policy was in place. A risk register which detailed controls in place to mitigate risks identified was in place.

Falls Management /Accident and incident management

Measures were in place to prevent accidents and promote residents' independence. The

centre was purpose built and had wide corridors. Handrails were provided on both sides of the corridors to promote independence and equipment was stored appropriately thereby not posing a tripping risk to residents.

There were arrangements in place for recording and investigating accidents and incidents. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Low/low beds and sensor alarms were available as part of the falls prevention programme. Neurological observations were completed post a fall. However, there was poor evidence in place that residents manual handling assessment was reviewed post a fall where there was a change in mobility ability. Also when a resident fell a revised falls assessment was not routinely completed and the care plan was not updated to include any additional controls that may be required to minimise the risk of injury to the resident.

#### Fire safety

All staff had up to date fire safety and evacuation procedure training. Fire exits were checked daily by the person in charge or her deputy and a record was maintained of this. Staff spoken with were clear about the procedure to follow in the event of a fire. One of the inspectors viewed the fire records which showed that fire equipment was serviced annually. The inspectors found that all fire exits were clear and unobstructed during the inspection. Some guidance maps were in place to alert persons as to the nearest exit There was no evidence available that all staff had completed regular fire drills. Emergency fire exit signs were confusing and some signage did not direct you to the nearest exit.

#### Infection control practices and procedures

The centre recently had an outbreak of influenza. This had been managed appropriately. A local general practitioner provided advice and liaised with the public health services and the centre. Measures to control and prevent infection including policies and practices were in place. Hygiene measures including hand sanitizers and protective equipment which were available throughout the building. The centre was clean and odour free on the day of inspection.

#### Moving and Handling

All staff had up to date training in manual handling. A moving and handling assessment was available for each resident in case files reviewed, however some required review as detailed above. The Person in Charge told the inspector that there was sufficient equipment available for assisting in moving and handling residents.



**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive medication management policy with procedures for prescribing, administering, recording and storing of medication was available. Medication was stored safely and controlled drugs stock levels were recorded at the end of each shift and recorded in a register in keeping with legislative requirements.

One of the inspectors reviewed a sample of medication charts. Photographic identification was available on the medication charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The maximum amount for PRN (as required) medication was indicated on all prescription sheets viewed by the inspector.

The inspectors reviewed some medical files and found that residents were seen frequently and there was evidence of regular medication reviews.

**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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that a good standard of care was provided to residents. Residents reported that they were very well cared for and residents looked well cared for. The inspector observed the delivery of appropriate care to residents and observed that nurses spoken with described the delivery of good care to residents which met their needs.

**Assessment and care planning**

Inspectors reviewed a sample of residents' care plans and found that there were care plans in place for most needs identified. Assessments were being carried out to identify residents' health needs, these were not linked to the care plans. However, some assessments including activities of living and moving and handling assessments were not complete or not up to date to reflect residents' current needs. They were not repeated when there was a change in the condition of the resident. The care plans required further work to ensure they provided guidance to staff in the delivery of person-centred care to residents and reflected the advice of allied health professions input. For example when a resident was seen by the physiotherapist with advice given, there was no care plan enacted to ensure this advice was delivered to the resident.

There was some evidence available of involvement of the resident or their significant in the development and review of their care plan. However, this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident was cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided. A record of the residents' health condition and treatment given which was linked to the care plan was completed twice daily. Staff described good access to general practitioner (GP) services and residents had access to allied health professional services including physiotherapy, occupational therapy, dietician and speech and language therapy services. A chiropodist attended the service regularly.

**Wound Care**

While there was no resident with a pressure sore in the centre on the day of inspection, inspectors noted that a resident who had been admitted with a pressure wound had received appropriate care and the wound had resolved. Photographic evidence of the ulcer was available to ensure that there was a base line obtained for comparative purposes to monitor whether the wound was progressing or regressing.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The centre had three specialist palliative care rooms which contained an adjoining room for the residents loved ones. This room had tea and coffee making facilities, a microwave, comfortable furniture and a sofa bed. A visitor's room was also available.

The spiritual designation of residents was recorded in the care files and end of life care plans had been developed. The provider representative and the Person in Charge stated that they were aware this was an area that required input and it was their intention to address it as they were preparing for the thematic inspections which will review nutritional care and end of life care. The Person in Charge confirmed that there was good access to palliative care services.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

While staff confirmed that they were not concerned with the loss of weight of any resident, a robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss, this would be detected by staff and actioned appropriately thereby protecting residents. While the Person in Charge told the inspector that all residents were weighed monthly at minimum, inspectors found on reviewing weight charts that this was not occurring. Additionally nutritional care plans required

review to ensure that they reflected the current needs of the resident and provided guidance to staff and reflected any specialist advice obtained. There was a policy on monitoring and documentation of nutritional intake but no aspect of nutritional care had been audited.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

From an examination of the staff duty rota, communication with residents and staff and observation on the day of inspection the inspectors found that the levels and skill mix of staff at the time of inspection was sufficient to meet the needs of residents. The staffing levels were reflective of the planned and actual roster for the day. From review of additional rosters past and planned the inspectors noted that these were the standard staffing levels. The person in charge informed the inspectors that when staff were off sick or on leave that they were usually replaced by staff who worked part-time. There were two staff nurses on duty at all times. Seven carers were also on duty until 20:00 hrs, with four carers on duty until 22:00hrs. In addition there were activity, catering, administration, cleaning and laundry staff available. On night duty, there were two nurses and two carers. A physiotherapist was available one day per week. With regard to dependency of residents one resident was assessed as independent, eight as low dependency, 17 as medium dependency, 21 as high dependency and eight as maximum dependency.

The inspectors observed good interactions between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents' individual needs. The inspector noted that residents were supervised in communal areas at all times during the inspection and there was adequate staff in the dining room at lunchtime to ensure residents were assisted in a timely fashion.

All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland). All staff has up-to-date mandatory training as documented in relevant outcomes above. Recent training included a nutrition workshop which had been held on two occasions

and all staff had attended.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

#### ***Report Compiled by:***

Mary McCann  
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 report<sup>1</sup>

<b>Centre name:</b>	Abbey Haven Care Centre & Nursing Home
<b>Centre ID:</b>	ORG-0000738
<b>Date of inspection:</b>	10/04/2014
<b>Date of response:</b>	14/05/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 06: 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:**

Inspectors noted on reviewing a resident's file, that there were restrictive practices in place with regards to a resident receiving visitors. There was no risk assessment in place which detailed the necessity for these controls or of any discussion with the resident or whether an independent advocate had been offered to the resident.

**Action Required:**

Under Regulation 6 (2) (b) part 1 you are required to: Maintain a record of all incidences where a resident is harmed or suffers abuse.

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

This resident was admitted to Abbey Haven following discussions with the Senior Case Worker (who is also an Elder Abuse Officer). A risk assessment has been completed as

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

advised. An independent advocate had been offered to the resident. A confidential file has been prepared in respect of the above following further discussions with the Case Worker (same held by DON ).

**Proposed Timescale:** 14/06/2014

**Theme:** Safe Care and Support

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

Residents who had cognitive impairment did not have opportunities to participate in meaningful activities, appropriate to their interests and preferences. There was limited evidence available of social care assessments being completed or recording of significant personal calendars.

In care plans reviewed where the resident had a diagnosis or dementia/cognitive impairment there was no corresponding care plan to inform staff as to what impact this had on their ability to perform activities of daily living.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Residents with cognitive impairment have opportunities to participate in meaningful activities based to their interests and preferences. Social care assessments are being completed with recording of significant personal calendars for new residents.

Our activities co-ordinator is currently reviewing appropriate activities and a Time-table has been devised specific to those residents. A record is kept of the activities participated in.

Care plans are been reviewed where the resident had a diagnosis or dementia/cognitive impairment to inform staff of the impact this has on their ability to perform activities of daily living.

**Proposed Timescale:** 31/07/2014

**Outcome 07: 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:**

There was poor evidence in place that residents manual handling assessment was reviewed post a fall where there was a change in mobility ability. Also when a resident fell a revised falls assessment was not routinely completed and the care plan was not updated to include any additional controls that may be required to minimise the risk of injury to the resident.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Reasonable measures to prevent accidents to any person are been taken through ongoing risk assessment.

A revised falls risk assessment post a fall will be carried out within 24 hours. The care plan will be updated to include any additional controls that may be required to minimise the risk of injury to the resident.

All residents will have a routine falls risk reassessment on a 3 monthly basis.

All residents manual handling assessments are currently been reviewed.

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

There was no evidence available that all staff had completed regular fire drills.

**Action Required:**

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Record of fire drills is kept in Fire records folder at reception desk beside Fire Alarm panel.

All staff on duty attend fire drills and sign attendance sheet for same.

**Proposed Timescale:** 17/05/2014

**Theme:** Safe Care and Support

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

Emergency fire exit signs were confusing and some signage did not direct you to the nearest exit.



**Action Required:**

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

The installation was carried out in accordance with current Codes of Practice and the Building Regulations.

Signage will be further reviewed in consultation with our engineers.

Additional guidance maps are been prepared and will be erected in prominent locations in consultation with our engineers.

**Proposed Timescale:** 30/06/2014

**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:**

While there was some evidence available of involvement of the resident or their significant in the development and review of their care plan but this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident was cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

All Care plans are currently been reviewed and a narrative note will be added to indicate the residents / relatives understanding of the care plan.

**Proposed Timescale:** 31/07/2014

**Outcome 15: Food and Nutrition**

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

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

A robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss. The Person in Charge told the inspector that all residents were weighed monthly at minimum inspectors found on reviewing weight charts that this was not occurring.

Nutritional care plans required review to ensure that they reflected the current needs of the resident and provided guidance to staff and reflected any specialist advice obtained.

There was a policy on monitoring and documentation of nutritional intake but no aspect of nutritional care had been audited.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

Nutritional care plans are been reviewed to ensure that they reflect the current needs of the resident, dietician reviews are planned as the need arises. Monthly weights are been recorded and unintentional weight loss is investigated in consultation with the GP and dietician.

**Proposed Timescale:** 31/07/2014