

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Phoenix Park Community Nursing Units
<b>Centre ID:</b>	ORG-0000476
<b>Centre address:</b>	St. Mary's Hospital, Phoenix Park, Dublin 20.
<b>Telephone number:</b>	01 6250300
<b>Email address:</b>	rosemary.reynolds@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Deirdre Murphy
<b>Person in charge:</b>	Dolores Bond & Rosemary Reynolds
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	183
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 18 June 2014 10:30 To: 18 June 2014 18:30

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

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 inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the person in charge and key senior manager attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and the provider self assessment tools submitted by the person in charge before the inspection. The person in charge had judged that the centre was in minor non-compliance in relation to both end-of-life care and food and nutrition.

The inspector met residents and staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records. It was found on this visit that efforts had been undertaken by the provider, person in charge catering team and staff to review the processes in place in relation to nutrition to improve the standards of care delivered in this area. Progress was noted to have been made in both areas

All residents spoken with praised the quality of the food and confirmed that it was appetising and a dietician review of the menu found it was wholesome and nutritious. Service of meals in the dining room, the options available outside of core meal times and the promotion of independence and choice required to be reviewed. On review of a sample of clinical documentation it was noted that improvements to care plans risk assessments and monitoring of nutritional intake.

End-of-life care practices and outcomes for residents and relatives were to a high standard. Feedback from relatives of residents who had died within the centre were

extremely positive. Staff were highly praised for the kind, sensitive and compassionate manner with which they treated each resident. The inspector identified improvements were required in relation to care planning in end of life care. On review of clinical documentation it was noted that end of life care plans were not always in place. The inspector's judgement affirmed the assessment of the person in charge that the centre was in minor non-compliance in both end-of-life care and food and nutrition.

**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 11: Health and Social Care Needs**

*Each residents 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

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

**Findings:**

The inspector found that the policies and processes in place were sufficiently comprehensive to guide staff on the monitoring, documentation recording and overall management of residents' nutritional intake. The special diet sheet included all special diets in place, for instance vegetarian, fortified or high calorie diets. A formal process to include residents' wishes or preferences into the menu was recently in place through residents meetings with one of the catering officers attending on occasions to hear resident's feedback and a process to regularly review and revise the overall menu to ensure variety and maintain resident interests was in place.

Records reviewed showed that residents' nutritional status were assessed and reviewed as necessary and care plans were in place. Access to appropriate allied health professional and associated services such as dental, dietician, speech and language and diagnostic services were available.

Systems were in place for assessing, reviewing and monitoring residents' nutritional intake, however improvements required to be made. Where residents' intake was being recorded a review of the system in place to ensure it was sufficiently detailed to allow for meaningful analysis was required. For example portion sizes were not determined to establish whether they were sufficient to meet the residents' needs as recommended by the dietician and the forms were not always fully completed in that intake of oral nutritional supplements was not always included.

The care plan system in place for managing resident's nutritional needs consisted of three separate documents each of which referenced different care needs. An activities of daily living care plan identified the residents food preferences, type of diet and swallow problem. A generic eating/drinking intervention care plan outlined general interventions

which should be implemented where a resident was assessed as at risk of malnutrition and an overall daily care plan included a small section on nutrition which identified a resident's preference of where they liked to take their meals, use of clothes protector and type of diet.

However a specific care plan that identified resident's individual needs and the specific interventions required to manage those needs was not in place. Care plans reviews and assessments were not linked, for example weights, MUST score or requirement for oral supplements were not referenced. Of the sample reviewed not all included reference to allied health professionals recommended interventions, for example monitoring of nutritional intake for a specific period. Nursing narrative notes were not documented daily and it was noted that entries were made only when a change in condition or treatment was made. In some instances it was noted there were gaps of between 1-2 months between entries referencing nutritional care. An identifiable system to review the effectiveness of care plans and interventions in place was not found. Although in general, residents nutritional care needs were met, significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered, were reviewed in response to changes in residents' health and that care plans, evaluations of those plans and nurses daily notes were appropriately linked to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

**Judgement:**

Non Compliant - Minor

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

**Findings:**

Written operational policies were in place on care practices at end of life and there was evidence that these were implemented by staff. Feedback received from relatives of deceased residents indicated a high level of satisfaction with the delivery of care and supports provided at this time. Comments referenced appropriate, caring respectful and dignified care was provided to all respondents.

The inspector found evidence of good efforts to improve the standard of care to meet the holistic needs of residents and their families. Appropriate care which endeavours to meet each resident's end of life physical, emotional, social and spiritual needs and respects his/her dignity and autonomy was found. Access to specialist palliative care

services were available with on site consultant and visits from the clinical nurse specialist when required/requested. Staff had received training in end of life care practices.

The inspector found that staff were aware of the policies and processes guiding end of life care in the centre and were implementing them in a respectful manner. Families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly during the end of life phase.

The policy in place gave specific guidance on the procedures to be followed for the transfer of remains from the centre, and staff were aware that the remains were transported either by the designated undertaker appointed by the family/ significant others or the portering team. The policy also included specific guidance on the appropriate management and return of belongings to families.

The majority of bedrooms are single and the deceased is transferred directly from their bedroom when leaving the centre. The inspector was informed that where a resident is reaching end of life in a communal setting, they are offered an alternative single room where available. A chapel of rest was also available on the campus. The chapel includes a small ante room which facilitates the remains being prepared by the undertaker. A large bound book was located in the ante room which was designed and printed by the provider to ensure complete and accurate records were maintained of the names and role of all staff or other persons who had any contact with the remains. The chapel was viewed and found to be a well maintained environment with a low key spiritual and peaceful atmosphere with religious objects, seating, altar and beautiful stained glass windows. Toilet facilities were situated adjacent to the chapel.

Appropriate and comfortable facilities were available to families to remain with their loved one. These were located within the centre. Families were supported and actively encouraged to spend as much time as they wished with their loved one. The overnight facilities consisted of a room with small kitchenette for making tea/ coffee meals or snacks as required with amenities such as small fridge for milk/fruit juices, microwave and toaster. A sofa bed with clean bedding, small dining table and chairs and a large selection of books were also provided.

All other equipment and facilities were available to a good standard, such as appropriate bags to return belongings to resident's families, signage to indicate a resident was at end of life and encourage a quiet respectful environment in the vicinity of the room and religious objects. An oratory was available to allow for spiritual prayer, thoughts and reflection for those who wished to avail of it. Residents spiritual needs were fully met with daily mass provided in at least one of the units on the centre's large campus, Mass was also held twice on each Sunday. Chaplaincy services for confession; anointing; sacrament of the sick and last rites were provided by the Holy Ghost Father's on an ongoing basis. Resident's spoken too indicated satisfaction with the level of spiritual services provided. A sympathy card is sent to the families of deceased residents and a remembrance mass is held annually each November.

The inspector was told and the provider's self assessment questionnaire stated that arrangements to meet residents' assessed needs were set out in individual care plans and each resident (receiving palliative care inputs or in the active dying phase) had a care plan completed in relation to end of life care. A sample of documentation reviewed

found that there were arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements. Bereavement counselling services or supports for families, friends and staff were available and a contact member of staff identified for making formal appointments. The inspector was told that the unit had recently experienced the loss of a person to whom both staff and residents held very dear and were offered counselling and bereavement supports.

However although a system to document end of life care needs and preferences was available, it was found that this expression form was not always completed in full for each resident. for example funeral arrangements or burial preferences were not always completed. Additionally it was noted that the form used to record residents preferences was clearly labelled as ' This is not a Care Plan' yet in the sample of records reviewed, staff referred to this expression form as the end of life care plan and no other end of life care plan was in place. At the time of the inspection the inspector was told that there was no resident currently receiving palliative care or on an end of life care plan. The inspector reviewed the records of a recently deceased person and found that although this person did not require palliative care inputs, an end of life care plan to manage the 'active dying phase' for the last 48 hours of life. The centre's palliative care/end of life care policy identifies key aspects of care such as pain, nausea, constipation and dyspnoea that require appropriate treatment/management which accommodate individual's wishes in a caring respectful and dignified manner. However, a plan of care to identify, implement and manage all of these basic care needs was not in place.

**Judgement:**

Non Compliant - Moderate

***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

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

**Findings:**

Policies and procedures were in place to guide staff in monitoring and documentation of nutritional intake although they were not sufficiently specific to guide staff in all aspects and were not all found to be fully implemented in practice.

The inspector found that overall food and drink was available to residents at times and in quantities adequate for his/her needs. The inspector visited the main kitchen and met with the catering officer and the catering team on duty. Robust HACCP (Hazard Analysis and Critical Control Point) guidelines were found to be implemented throughout the

catering department and food was found to be properly prepared, cooked and served. The catering department were found to provide services to a wide variety of services, both on and off the St. Mary's Hospital campus and a total of 2,000 meals are made each day. It was found that a detailed system involving colour coding, labels, hot and cold serving trolleys and robust communications between the catering department and each unit involving daily detailed diet sheets which included special requests from residents ensure that all residents receive their correct diet at the appropriate temperature in a timely manner.

The inspector found appropriate and sufficient stocks of store food, fresh meat, fruit and vegetables, frozen store items and selections of soft drinks cordials milk tea and coffee. Home baking by the catering team was included in the daily menu with desserts, brown bread, fruit cakes and buns provided. A check list of food temperatures using appropriate food probes was maintained to ensure food was at safe temperatures on leaving the main kitchen.

In separate conversations with the catering officer and person in charge the inspector learned that regular two monthly meetings with the speech and language therapist and dietician were held where the agenda includes discussions on menus in place to ensure that they were wholesome nutritious and meeting the needs of residents. A three week rolling menu was in place to offer a variety of meals to residents but where residents request something not on the menu this is facilitated as far as possible. During the visit the inspector noted some special requests for the evening tea including sausages (instead of the lasagne on the menu) and fruit pots.

Access to fresh drinking water at all times was available, jugs of water were observed in each residents room and water dispensers were located in several areas close to communal areas on each floor.

During the inspection the inspector spoke to residents and staff reviewed documentation in relation to nutrition, observed practices for providing drinks and snacks and also observed the dining experiences for residents during two main mealtimes at lunch and tea. The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs and observed that assistance was offered to residents in a discreet and sensitive manner.

The dining room layout was conducive to a social experience with round tables to facilitate conversation although it was noted that few residents lingered over their meal and there was little conversation either between resident's themselves or between resident's and those staff providing them with assistance. Most residents took their meals in one of two dining rooms located on each floor of the centre. Food was served from the main kitchen by the catering staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee or juices were available. Dining tables were appropriately set with cutlery condiments and napkins. Assistive crockery including cups, cutlery and plate guards were available and in use for resident's who required them.

Although meals were appropriately supervised by nursing staff in the dining areas, the dining areas were shared facilities between two units and staff from both units were not present to determine that the residents for whom they were responsible had an

adequate nutritional intake

Menus were displayed on each table in pictorial and word formats and showed a variety of choices for main courses and desserts. Overall it was noted that there was evidence of the availability of choice of main course every day for each main meal, including a 'finger food' element which promoted independence for residents with limited dexterity and suited their meal preferences, although on review of the current menu it was found that a second choice was not indicated for the main lunch course on the Tuesday (week 1) Wednesday (week 3) and Sunday (week 2). In general it was found that those residents on modified diets were offered similar choices as people receiving normal diets although not always the same, for example where roast chicken was offered as an option for normal diets, minced turkey was offered for modified diets. It was also noted that a second modified diet choice was not identified on the menu.

At both meals residents were offered choice. Residents were asked for their preference each evening for the following day, however it was found that all residents were not shown the menu informed of all choices available or asked for or given their preference. In one instance a resident had requested a ham or cheese sandwich for tea on several occasions but had not yet received same and was being given either semolina or other soft food option although it was subsequently found that the resident did not require a modified diet. Other institutional type practices were observed. Gravy/sauce accompaniments were not always served separately and although options for additional servings of the gravy/sauce were available, the inspector did not observe these being offered.

Although residents spoken too indicated satisfaction with the timing of meals, the inspector was told if they missed a meal when away for any reason, for example at hospital appointments, the options on return, were limited after the catering department closed at four pm each day. The options thereafter included tea and toast, sandwiches or salads semolina or custard. Hot meal options were not available if a resident returned more than 90 minutes after the main kitchen closes. Reasons given for the limitation of hot meal options in the evening were due to HACCP regulations and staffing issues.

The inspector met and spoke to several residents during lunch and tea. All residents spoken with were agreed that the food provided was always tasty and appetising and most agreed there was sufficient choice, availability and temperature was appropriate.

Mid meal snacks were available throughout the day. Staff were observed delivering hot drinks and biscuits during the mid morning and mid afternoon. Although the main evening meal was found to be served relatively early at 16:45pm, residents received a supper at 19:15pm and a plentiful supply of snack options such as cheese and crackers fruit sandwiches and yoghurt were available in the kitchenettes on each unit.

Regular audits were conducted on various aspects of the meal and mealtimes experience in the centre and a report on an audit conducted in June 2013 on meals and mealtimes was viewed. The findings of this audit mirror to a large extent the findings of this inspection for example; lack of ambience in the dining rooms; incomplete care plan documentation and lack of evaluation of effectiveness. Recommendations from the audit included the commencement of an annual resident satisfaction survey and managers in each area to devise action plans to improve standards.

Staff had received training in nutrition assessment and care planning, enteral nutrition

and management of dysphagia. All catering staff including those working in kitchenettes on each unit had received HACCP training, however it was unclear and the person in charge was unsure whether all staff involved in food handling had received up dated or regular basic food hygiene training.

The findings contained in this outcome are linked to further findings discussed in detail under outcome 11 and some actions required contained in this outcome refer to findings documented under outcome 11 and outcome 18.

**Judgement:**

Non Compliant - Minor

**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

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

**Findings:**

Findings already detailed under outcome 15 Food and Nutrition include reference to staff training.

These findings are re stated below as actions required are contained within this outcome.

Staff had received training in nutrition assessment and care planning, enteral nutrition and management of dysphagia. All catering staff including those working in kitchenettes on each unit had received HACCP training, however evidence was not available and the person in charge was unsure whether all staff involved in food handling had received up dated or regular basic food hygiene training.

**Judgement:**

Non Compliant - Minor

**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 all the people who participated in the inspection.

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

Nuala Rafferty  
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>	Phoenix Park Community Nursing Units
<b>Centre ID:</b>	ORG-0000476
<b>Date of inspection:</b>	18/06/2014
<b>Date of response:</b>	18/08/2014

### 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 11: Health and Social Care Needs

#### Theme:

Effective Care and Support

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

Care plans did not reflect the care delivered and were not reviewed in response to changes in residents' health.

Evaluation of care plan assessments and interventions were not appropriately linked to give a clear and accurate picture of residents' overall health.

Some care plans were generic in nature and were not person centred.

#### **Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

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

Residents care is reassessed every 3 months or as required. A review of the care plans will take place to ensure there is a clear and accurate picture of the residents health and to ensure person centeredness .

**Proposed Timescale:** 31/10/2014

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

An end of life plan of care to identify, implement and manage all care needs associated with the active dying phase was not in place for residents who required same.

**Action Required:**

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

Care plans will be reviewed as above. A planned programme of education will be put in place to ensure that all staff are aware when it is appropriate to initiate an end of life care plan.

**Proposed Timescale:** 31/12/2014

**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:**

Although there was evidence of choice available at meal times each day, all choices were not identified on the menu for normal or modified consistency diets. All residents were not shown the menu informed of all choices available or asked for or given their preference.

**Action Required:**

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

Pictorial menu choices being devised currently by SALT, dietitian and catering

departments and trial of new breakfast options in September 2014 with full roll out of all menus by end of December 2014.  
All residents will be shown the menu and informed of choices availability  
Menus will be assessed and refined to extend choices.

**Proposed Timescale:** 31/08/2014

**Theme:**

Person-centred care and support

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

Where resident's missed a meal when away for any reason, for example at hospital appointments, Hot meal options were not available if a resident returned more than 90 minutes after the main kitchen closes.

**Action Required:**

Under Regulation 20 (5) you are required to: Provide meals, collations and refreshments at times as may reasonably be required by residents.

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

With pre planning a chilled meal can be provided. Hot soup, toasted sandwiches are available in the ward pantries. Clarification will be sought from the Environmental Health Officer for the supply of a chilled meal that can be pre ordered, that is resident specific and can be regenerated when needed.

**Proposed Timescale:** 30/09/2014

**Theme:**

Person-centred care and support

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

The inspector found that the policies and processes in place were not sufficiently comprehensive to guide staff on the monitoring, documentation recording and overall management of residents nutritional intake.

Where residents intake was being recorded a review of the system in place to ensure it is sufficiently detailed to allow for meaningful analysis is required.

**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:**

Policies and processes in place will be reviewed to guide staff on the monitoring and documentation of resident's nutritional intake and ensure it is detailed. The CNM's and dieticians will work together to ensure guidelines are understood by all.

**Proposed Timescale:** 30/09/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Evidence was not available as to whether all staff involved in food handling had received up dated or regular basic food hygiene training

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Food Hygiene training for staff with access to the ward pantries will be facilitated by Catering and CNS Infection control.

**Proposed Timescale:** 31/12/2014