

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Residential Care Home Unit 5 & Unit 6 (Merlin Park Hospital)
Centre ID:	OSV-0000635
Centre address:	Merlin Park, Galway.
Telephone number:	091 775 566/775 568 / 775 569
Email address:	aine.riddell@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	9

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

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: 16 September 2014 10:00 To: 16 September 2014 17:30

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
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. The inspector also reviewed some aspects of risk management.

In preparation for this thematic inspection providers were invited to attend an information seminar. At this seminar they received evidence-based guidance on food and nutrition and end-of-life care.

The inspector reviewed policies and read relatives' questionnaires submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, staff and observed mealtimes during the inspection. Documents were also reviewed such as training records and care plans.

The person in charge who had completed a self-assessment on end-of-life care and food and nutrition for the centre, no longer worked in the centre. A new person in charge had been appointed and a notification had been submitted to the Chief Inspector by the provider, in line with their regulatory obligations. The previous person in charge had judged the centre as compliant in the area of food and nutrition and minor non-compliance for end-of-life care.

Residents' end-of-life care needs were well managed with good access and support from medical and specialist palliative care. Care planning was in place as required

and relatives were facilitated to be with residents without restriction on visiting. Each unit had a room designated for residents at end-of-life. These were large, bright spacious rooms that offered residents and their families' privacy and dignity. There were also facilities for relatives to stay overnight.

Feedback from questionnaires indicated staff had provided good care to families' loved ones and showed kindness to them. However, some improvement was needed to end-of-life care plans as they were not always detailed or comprehensive. Staff had not received training in end-of-life and this impacted on the detail documented in the plans.

There was ample supply of food available to residents. Residents' food was cooked in the main hospital kitchen in the Regional Hospital, Merlin Park. Food served was nutritious, served warm and was well presented. Residents had access to snacks and drinks throughout the day. Residents' nutritional needs were assessed by nursing staff and allied health professionals such as speech and language therapy and dieticians.

There were improvements necessary in relation to residents' mealtime experience in one of the units in the centre. Some residents assessed as nutritionally at risk on admission to the centre, had not received adequate monitoring of their weights and Body Mass Index (BMI) since their admission.

Actions given in the previous monitoring inspection action plan had been addressed in the most part. However, on the day of inspection the inspector observed trip hazards that needed to be addressed in Outcome 8; Health and Safety and Risk Management.

The inspector found minor non compliance in Outcome 14; End of Life Care and compliance in Outcome 11; Food and Nutrition. However, there were a number of non-compliances relating to food and nutrition that fell under different Outcomes, for example, Outcome 5; Documentation to be kept at a Designated Centre, Outcome 11; Health and Social Care Needs, Outcome 16; Resident's Rights, Dignity and Consultation and Outcome 18; Suitable Staffing.

These Outcomes are discussed further in the body of the report with the action plan and responses from the provider are outlined in the action plan at the end of the 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full. The nutritional policy and the end of life policies were reviewed.

While the end of life policy was satisfactory, the policy document for end-of-life needed more information to guide on practices that would address the emotional, social and psychological needs of residents as outlined under outcome 14.

Additional information was also required in the nutrition policy to guide staff in the monitoring and documentation of residents' fluid and nutritional intake. Guidance for staff in the assessment of nutritional risk and how to draft care plans to support residents identified at risk was not comprehensive enough. Outcome 15 covers food and nutrition.

Care planning is further discussed under Outcome 11.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

Not all aspects of this outcome were reviewed during this inspection.

Four actions were given for this outcome during the previous monitoring inspection.

- The wall mounted units holding gloves and aprons had now been risk assessed with control measures in place.
- A sloping floor leading from a bedroom was identified as a trip hazard. A risk assessment had been carried out and risk reduction measures implemented. The person in charge informed the inspector that this had been assessed by the maintenance department. However, the sloped area from the bedroom still posed a risk.
- The emergency plan had required review to reflect the recent organisation changes. This had been addressed and a copy had been submitted to the Chief Inspector in June 2014.
- Fire drills had been carried out since the previous inspection. These drills were carried out in May and June 2014 with further fire drills scheduled for December 2014.

The inspector observed another hazard in Unit 5 of the centre on this inspection. The tiles in the corridor were broken in some areas. Residents walking in these areas or using walking aids were at risk of tripping over and sustaining an injury from the fall. The person in charge had put signs over the broken tiles to notify residents of the danger. She had also contacted the maintenance department because the issue of tiles breaking and lifting in the corridor was an ongoing problem. However, these warning signs were not effective for residents with cognitive decline or residents with sight problems. The inspector discussed the trip hazard issue at the feedback meeting, indicating the risk needed to be addressed as a matter of priority.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

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

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

Findings:

Nursing staff generally administered prescribed fortified drinks or puddings to residents at the same time medications were administered. Medication administration times generally coincided with mealtimes in the centre. Administration times for nutritional supplements needed to be reviewed to ensure they did not disrupt residents' natural appetite for their regular meals due to feeling full from the supplement given.

On admission to the centre a resident had been assessed as nutritionally at risk. This highlighted the need for their weight/BMI and nutrition to be closely monitored. However, there were no documented weights or BMIs since their admission four months ago. A nutritional risk assessment was documented as carried out three months after their admission, in line with policy guidelines, but no evidence of the weight or BMI measurement used to carry out this assessment was documented in their file. Therefore, the risk assessment did not reflect the resident's nutritional risk accurately.

Many residents admitted to the centre had been transferred from the Regional Hospital, Merlin Park. During their time in the acute services, residents received assessments and prescribed care plans from speech and language therapists (SALT) and dieticians as needed.

The person in charge told the inspector that SALT and dietetic services were not readily available. Care provided in the centre was changing to a community model of care and moving away from the acute hospital model that had been practised in the past. The intention being, a community/social model of care would create a more 'home from home' experience for residents.

In the meantime, assurances were given by the provider that residents would have access to acute hospital SALT and dietician services as were necessary and any emergencies would be seen immediately. The person in charge and provider were looking at ways in which residents could access required dietetic and SALT services, under the community model of care that the centre was moving towards.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Questionnaires had been given to the relatives of residents that had died in the centre in the previous two years. These questionnaires asked the relatives for their feedback about the care the resident received and asked for their opinion on how the service could be improved.

Feedback in the questionnaires received was positive. There was praise for the staff that worked in the centre. Relatives said staff had showed kindness and sensitivity to both their relative and them. It also mentioned that staff in the centre had been accommodating to the families. For example, visiting time was un-restricted and relatives could stay overnight if they wished.

There were facilities for residents and their families to have privacy and dignity during their end-of life in both units of the centre. Both units had a designated single occupancy end-of-life care room. In one of the residential units, the end-of-life care room had been furnished with comfortable chairs for visitors and families to use. The person in charge told the inspector that feedback from families had been very positive about the room and it had provided privacy and dignity for both them and their loved one.

The inspector viewed the designated end-of-life care room in the other unit. It was spacious with good natural and artificial light. The window in the room looked out onto a pleasant garden space. There was ample storage space and room for medical equipment also. The room was newly refurbished and suitable for purpose. It provided privacy and dignity for both residents and their families. However, it required an addition of some home comforts such as comfortable chairs with blankets and pillows should resident's family/visitors wish to stay for extended periods of time or overnight.

The person participating in management outlined some care practices that were implemented that respected residents' spiritual and cultural beliefs. A tray with items of significance was placed by the resident's bed when death had occurred. Residents' religious and cultural beliefs and practices are considered when carrying out this practice. Residents of Catholic faith had access to the Sacrament of the sick and absolution as they wished. Mass was celebrated on the unit once a month with daily mass celebrated at 'The Chapel of All Saints' on the grounds of Regional Hospital.

The inspector reviewed a palliative care assessment for a resident at end of life. There was evidence to show the resident had received a comprehensive assessment with a care plan based on this assessment. The resident had been prescribed fluids to keep them hydrated, medications to ensure they were pain free and comfortable and antibiotics for an infection.

The palliative care team for residents in the centre consisted of a clinical nurse specialist and consultant doctor in palliative care. The resident's geriatrician consultant doctor also worked with the palliative care team to ensure consistency of treatment. Residents in receipt of palliative care were reviewed by members on this team daily. Changes were

made to their treatment regimen as often as necessary.

Residents' end-of-life assessments, care plans and nursing evaluations were reviewed as part of the inspection process. Some residents had outlined their preferences for end-of-life care, and this was documented in residents' care plans. Information in the sample reviewed, often indicated that residents or their next of kin had not wanted to discuss end-of-life care options. Therefore, information in the end-of-life care plans was not as detailed as it could be. This is further discussed in Outcome 18.

An up-to-date end-of-life policy was in place. Staff spoken with had a good understanding of end-of-life care and the policy guidelines. The purpose of the policy and associated guidelines was to ensure residents had a dignified and comfortable end-of-life experience.

The policy comprehensively outlined how staff carried out procedures related to resident's physical and spiritual needs. The policy also outlined how residents' personal belongings were handed back to their family using a purpose crafted canvas bag. This promoted a dignified and sensitive way of returning the deceased resident's personal possessions to the family. Bereavement counselling was available to residents' families. A letter offering details of how to avail of this support service was sent to the next of kin in the time after a resident's death.

However, the end of life care policy required improvement on supporting residents and their families' emotional, social and psychological needs so as to guide staff adequately in how to carry out sensitive interactions in response to grief. For example, the guidance in the end-of-life policy indicated that the hospital information booklet, 'A Booklet for the Bereaved' was offered to the family when staff were handing back the resident's belongings. While the booklet offered comprehensive information and guidance to bereaved families, the policy document did not guide staff in how they might offer this booklet to the bereaved family. More guidance for staff in how to directly respond to grief and other emotions displayed by residents and their families was required in the policy guidance document. An action is included under Outcome 5, Documentation to be kept at a designated centre.

Judgment:

Non Compliant - Minor

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(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of care plans. Nutritional risk assessments had been carried out at the time of residents' admission. This was to find out if residents were malnourished or at risk of being malnourished. Of the sample of care plans reviewed, some residents were indicated at risk of malnutrition. This screening process was evidence of good practice.

Some residents admitted to the centre, identified at risk of malnutrition, had put on weight since their admission. This was also evidence that care practices in the centre were adequate to meet resident's nutritional needs. Residents at nutritional risk had been prescribed supplements, such as fortified drinks and puddings. These were prescribed on medicine administration drug sheets. There was documented evidence to show they had been administered as prescribed to residents.

However, nutrition care planning for some residents in the centre needed improvement. This is further discussed under Outcome 11.

Residents spoken with during the inspection were complementary of the food and its presentation. They mentioned they were never hungry and could always ask staff for a snack, a sandwich or a cup of tea when they wanted. Residents had access to a plentiful supply of drinks. A water vending machine was in the dining room of one of the units inspected. Residents had access to water at their bedsides at all times and staff regularly supplied a selection of drinks to residents throughout the day. This system occurred in both units.

There was good communication between all staff working in the centre with regard to resident's nutritional needs, preferences and choice. All staff attended a brief 'handover' meeting at a time between 2.20pm – 3pm. Catering staff joined these handover meetings also. These handover sessions discussed residents' care plans and provided staff with the opportunity to be updated on changes in residents' care. This was evidence of good practice, in particular for Unit 6 which offered a respite service. It ensured residents on a short term stay in the unit had their nutritional choices, preferences and needs met to the same standard as residents staying on a longer term basis.

Each unit had a kitchen area. Meals were prepared in cooked in the main hospital kitchen on the grounds of the Regional Hospital, Merlin Park. These meals were transported to the centre in heated trolleys. In the kitchen area of the units, kitchen staff plated residents' meals and placed them onto trays.

These kitchens were well stocked with tinned goods, condiments, breads, cereal, tea and coffee, for example. There was a good supply of milk and yoghurts. There were facilities in the kitchen to make small meals if necessary. For example, each kitchen had a microwave and cooker. Residents could have meals outside of the designated mealtimes in the units. Requests were welcomed and facilitated, for example, residents on home visits could ring the person in charge and request their favourite meal to be there for them when they returned to the unit. Birthday cakes and sandwiches for residents' families were also available at any time.

The dining experience for residents required improvement in one the units. Resident's lunch was served at 12:20 midday. The dining room was spacious and well lit with a good source of natural light, the dining tables were large and the dining chairs comfortable. However, there was improvement needed to make the surroundings in the dining room more comfortable and inviting.

For example, there were no condiments such as salt or pepper on tables, the walls needed some colour and pictures to make the space more inviting. Plating of the food in the unit kitchens meant residents missed out on anticipating their food. They did not have the opportunity to smell the food before it was served. This could impact on residents' appetites and reduce the amount of food they ate during mealtimes.

There were further improvements needed relating to resident's dining experience. These are discussed under Outcome 16.

Some residents were prescribed thickened fluids and modified consistency meals. These modified consistency meals and fluids were prescribed by a speech and language therapist following an assessment. Staff working in the centre had received training in how to correctly thicken fluids to the consistency prescribed.

There was a food and nutrition policy in place which was centre specific and provided guidance to staff. The purpose of this policy was to ensure each resident received a nutritious and varied diet appropriate to their individual needs and preferences.

The inspector reviewed the policy. While it provided guidance on the responsibilities of the staff working in the centre in relation to nutrition, assessment and nutritional supplementation, it required improvement to make it more comprehensive. This is further discussed under Outcome 5.

Nursing staff generally administered prescribed fortified drinks or puddings to residents at the same time medications were administered. However, supplement administration times needed to be reviewed to ensure they did not disrupt residents' natural appetite for their regular meals due to feeling full from the supplement given during medication rounds.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full. However, the inspector considered that aspects of the dining experience did not respect the dignity and privacy of residents.

In the dining room of one of the residential units, meals were served to residents on trays and residents ate their meals off these trays. This practice did not provide a 'home from home' and comfortable dining experience. Also residents sitting at the same dining table did not all receive their meals at the same time. This meant some residents ate their meals while other residents waited without food.

Disposable aprons or 'bibs' as they were referred to, were used to protect residents' clothing. They did not afford residents with privacy and dignity as they readily identified residents needing assistance. Their design also needed review to ensure residents received assistance in a discrete manner. In one unit they were placed on residents for a marked period of time before meals were served. This practice required review also, as this further identified residents that needed assistance and impacted on their privacy.

The mealtime experience in the second unit was a more relaxed and pleasant experience. Residents needing assistance with their meals and protection for their clothes, had disposable aprons or 'bibs', as they were referred to, placed on them as meals were served to them. Meals were placed onto the dining tables and residents were assisted in a dignified way that met their needs.

At the close of the inspection, during the feedback meeting, the person participating in management and provider indicated they had discussed the issues highlighted by the inspector and gave examples of practical and achievable ways resident's dining experience could be enhanced. The inspector was satisfied that the examples mentioned would enhance the mealtime experience for residents and address the issues observed on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full.

Staff working in the centre had not received end-of-life training. This training would help to develop their skills in how to explore the subject of end-of-life care wishes with residents and families. Through development of these skills, end-of-life assessments and care plans developed would more comprehensively reflect the end-of-life care wishes of residents and their families.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Residential Care Home Unit 5 & Unit 6 (Merlin Park Hospital)
Centre ID:	OSV-0000635
Date of inspection:	16/09/2014
Date of response:	08/10/2014

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The nutrition policy for the centre was not sufficiently comprehensive as it did not provide staff with enough guidance on monitoring and documentation of nutritional intake.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

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

Policies are currently being revised and updated to reflect out move to Primary, Community and Continuing Care, (PCCC).

This is currently in the process of being revised and will include guidance for staff on the monitoring and documentation of the nutritional intake of each resident.

We will also refer to the Malnutrition Universal Screening Tool, (MUST) format to further assist in monitoring all residents within the Units.

Proposed Timescale: 01/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There were trip hazards in the corridor of one of the units. Broken and lifting tiles on the floor in the corridor posed a trip hazard for residents.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

There is an underlying problem causing the tiles to lift, most likely a leaking water pipe. This is being investigated and a costed plan will be submitted within the next 2 weeks on the outcome of this.

Proposed Timescale: 31/12/2014

Theme:

Safe care and support

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

A slope from one of the bedrooms posed a trip hazard for residents.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

1.We are currently managing this risk by having identified the type of resident we care for within this area and have been doing so since last HIQA visit .

Proposed Timescale: 31/12/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Resident's identified at nutritional risk did not have their weight and BMI assessed and measured at regular intervals.

A resident's nutritional risk assessment had been carried out without an up to date weight and BMI measurement on which to base the assessment.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

1.Nutrition Policy being revised to include guidance on assessing and recording all relevant information as per each residents DML

2.All Staff received guidance on the completion of each residents DML to include weight and BMI

3.In Service Re `meeting the nutritional needs of residents' to be confirmed, (waiting for a response from the Acute Services Dietician and the Dietetic services of some of our fortified Food suppliers)

4.Staff from Unit 6 are encouraged to access the DML's of the Residents in Unit 5 for examples of how to complete the necessary documentation and are also supported by the staff of Unit 5, in completing same, if necessary.

5.Audits to re commence on completion of Care plans and supporting documents in relation to meeting the nutritional needs of residents within each unit.

Proposed Timescale: 1.December 2014

2.Immediately and On- Going.

3.December 2014

4.Immediately and on –going.

5.November 2014.

Theme:

Person-centred care and support

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

Access to allied health professionals such as speech and language therapy and dieticians needed review to ensure the move of the service from the acute model of care to community based services did not impact on residents' care and needs being met.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Director of Nursing and Manager of Older People Services will be meeting with the Speech & Language Manager on Monday, 13th October with a view to setting up a service on a sessional basis similar to other Community Nursing Units.

We have Occupational Therapy Services. There are negotiations with the Physiotherapy Manager to establish similar service and kit out a new room.

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

Person-centred care and support

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

Administration times for nutritional supplements needed to be reviewed to ensure they did not disrupt residents' natural appetite for their regular meals due to feeling full from the supplement given.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Medical Team to chart supplements at a more appropriate time, i.e. 1400 hrs & 1900 hrs.

Proposed Timescale: 08/10/2014

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:

The end-of-life care room in one of the units required some enhancements to the facilities, for example the provision of comfortable chairs.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

A full action plan regarding compliance with Health and Information Quality Authority, (HIQA) Registration renewal in 2015 is now being undertaken by estate services which will include end of life care room.

This plan & costings will be submitted for approval by end of November 2014.

Proposed Timescale: 01/12/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some routines and practices carried out by staff in the centre around mealtime needed review to ensure residents were provided with a more individualised mealtime experience according to the resident's ability in a manner that respected their privacy and dignity.

Action Required:

Under Regulation 09(4) you are required to: Make staff aware of the matters referred to in Regulation 9(1) as respects each resident in a designated centre.

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

1. Request sent to maintenance to Paint the Room in Unit 6.
2. Following on from doing a risk assessment it has been decided that Salt & Pepper condiments are now provided and accessible at meal times in the Dining Rooms and are removed after each Meal Time.
3. The practice of plating the meals within each dining room is currently being discussed and equipment necessary to support this is for sourcing.

4. Residents' meals are being presented, without the tray, when residents are seated at the table(s).

5. Alternative Napkins (Bibs) are in the process of being sourced, as an alternative, yet as effective, to the current ones we use.

6. An alternative means of delivering the meals to residents confined to bed, is being discussed with a view to creating a non-clinical approach and enhancing the "Home From Home" environment.

7. We are currently looking at Best Practice within our sister Community nursing Unit, St. Brendan's Community Nursing Unit, Loughrea, with the intentions of adopting same within our Units here

Proposed Timescale: 1. Request sent to Maintenance Department. 2. Immediately 3. January 2015 4. Immediately. 5. December 2014 6. January 2015. 7. November 2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff required specific training in end-of-life to develop skills in how to explore the subject with residents and families ensuring end-of-life care plans were more comprehensive.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

1. Policy & Procedure currently being up dated to reflect best practice. Immediately and On going, December 2014 for completion

2. In service being arranged on End-of-life Care for all staff.

"What Matters to Me"- End of Life Care, Study day. Staff are scheduled to attend, (Only a total of three staff places available each session) Sessions commence on December 17th 2014 and will be on-going.

Proposed Timescale: 17/12/2014