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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. John's Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000660</td>
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<tr>
<td>Centre address:</td>
<td>Ballytivnan, Sligo.</td>
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<tr>
<td>Telephone number:</td>
<td>071 914 2606</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:nuala.gallagher1@hse.ie">nuala.gallagher1@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Frank Morrison</td>
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<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</td>
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<tr>
<td>Support inspector(s):</td>
<td>Geraldine Jolley;</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on date of inspection:</td>
<td>91</td>
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<td>Number of vacancies on date of inspection:</td>
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**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: 06 May 2014 09:30
To: 06 May 2014 17:30

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

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<thead>
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<th>Outcome 11: Health and Social Care Needs</th>
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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. Some commentary is also included under the outcomes on healthcare (outcome 11), premises (outcome 12) and staffing (outcome 18) as these areas also impact on both nutrition and on end of life care.

In preparation for this inspection the person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and a self assessment questionnaire completed by the person in charge before the inspection. The person in charge had judged that the centre was non-compliant minor in relation to food and nutrition and in relation to end-of-life care.

Inspectors met with staff, residents and relatives and observed practice during this inspection. Documents reviewed included self assessments, policies, care plans and staff training records. Inspectors found that efforts had been undertaken by the person in charge and her staff to review the processes in place in relation to nutrition and end of life against the guidance provided to improve the standards of care delivered in this area.

Residents spoken with said that the food was of a good standard and that they were given a choice at each meal time. There was good access to medical, dental care and a dietician. They told inspectors that there was a usually a good variety of food on the menu and it was generally appetising. A dietician had reviewed the menu to ensure it offered a variety of nutritious food. The inspectors identified that some
improvements were necessary to improve the overall experience of dining. The dining areas available did not accommodate all residents and the accepted practice was that most residents ate their meals by their beds. Weighing equipment was not always available, and information documented in care plans did not always reflect resident’s current nutritional status. As residents ate their meals in a number of locations, this impacted on the staffing levels necessary to supervise residents.

The Authority had sought feedback on the experience from the next of kin of residents who had recently died in the centre. Four questionnaires were returned. The staff were praised for their compassion and for the way they worked as a team to ensure end of life symptoms were well managed. Residents receiving palliative care were given the option of a single room but most residents were cared for in four bedded rooms which made it difficult to ensure their privacy and dignity. The inspector reviewed end of life care plans and identified some improvements in the documentation of assessments and care plans to ensure the provision of holistic care according to residents’ wishes.

Overall, the inspector judged the centre to be in minor non-compliance in the areas of End of Life Care and Food and Nutrition with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

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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 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 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:
Effective Care and Support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was reviewed in the context of food and nutrition and end of life care. Some nutritional and end of life care plans reviewed were generic and contained standard statements which had not been adapted to make them person centred such as ‘keep pain free’ or ‘involve family’ so they did not always give an accurate reflection of
the residents' individual preferences or needs. Recognised assessment tools were not used to determine levels of pain experienced by residents.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This outcome was not fully reviewed but the inspector looked at issues which impacted directly on residents' dining experiences or their end of life care. Actions from the last inspection were not fully reviewed.

Dining facilities were not of sufficient size to allow residents to sit together at meal times or to move around in comfort. This resulted in most residents having meals by their beds which was less social. Some bed tables were not properly adjusted to the appropriate height setting. This is discussed in outcome 15.

Multiple occupancy bedrooms compromised residents' ability to retain their privacy and dignity. This is discussed under outcome 14.

**Judgment:**
Non Compliant - Moderate

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**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:
The Person in charge had completed a self assessment questionnaire on the end of life care provided to residents. She had identified minor non compliances, e.g. she identified the need to discuss end of life care with residents at an earlier stage.

There was an end-of-life policy available. It had been reviewed in March 2014. Staff spoken with were aware of the policy and implemented care accordingly. It included procedures to be followed to ensure psychological, spiritual and physical care of the resident at the end of their life. Four staff had completed a ‘Train the Trainer’ course in 2011 in Palliative care which included pain assessment and management and advanced care planning. 20 nursing staff, 24 care support staff and 4 ancillary staff had completed training on end of life care known as 'Final Journeys' in the last three years.

The centre provides care to a very high dependency group. 57 residents died in the last two years. 50 of these deaths took place in the centre, 5 in hospital and 2 in the hospice. There was evidence that residents received care at the end of their life which met their physical, emotional, social and spiritual needs. This was confirmed in the questionnaires completed and returned by the families of residents who had recently deceased. Relatives confirmed that their loved one was offered a single room and that the staff worked as a team to ensure symptoms such as pain or nausea were well managed. Relatives also said that they were facilitated to stay overnight with their loved one and that they involved by staff in planning the end of life care for their loved one.

Inspectors read the records of a recently deceased resident and found evidence of good practice, including regular review by the general practitioner (GP) and the palliative care team to monitor and ensure appropriate comfort measures. Assessments, care plans and nursing evaluation notes were reviewed. The documentation evidenced that when a resident’s condition deteriorated an end-of-life care plan was put in place. Some care plans captured good information on residents’ end-of-life care wishes in relation to issues such as their preferences for place of death, who they would like to have with them, or funeral arrangements however others had little or no information documented and or the pre-formatted care plan template used had not been adapted to ensure person centred holistic care plans. There was some evidence that discussion with residents took place with residents or their next of kin recorded in care plans. In general care plans were regularly reviewed. However, a system of advance care planning for end of life was not developed for all residents to ensure,where possible, they could participate in the decision-making process and record their wishes at the earliest stage possible.

Residents spoke in a positive manner about their care and their day to day life in the centre. Religious and cultural practices were very well facilitated with a catholic and church of Ireland oratory available. Mass and the blessing of the sick took place every Friday. Two chaplains and a church of Ireland rector were regular visitors to the centre and a special remembrance service was held each November to remember deceased residents.

The person in charge described very good access and support from the local North West
Palliative Care Team who attended the centre to support residents receiving end of life care. There was also very good evidence of the involvement of a multidisciplinary team in resident’s end of life care. The centre had sourced door signs with the end-of-life symbol and also special bags with the symbol to collect residents’ belongings and return them to relatives after the resident had passed away. Although inspectors saw that analgesic medication was prescribed for pain relief, there was no evidence available that staff used a recognised pain assessment tool to assess pain levels.

Staff interviewed confirmed that residents receiving palliative care were given the option of transferring to a private room. Some residents did not want to move and this choice was respected. One resident had been transferred to a single room on the day prior to the inspection. Most residents were accommodated in multi occupancy rooms which did not ensure the privacy and dignity of those residents. Some were very frail and confined to bed. Curtains were provided around beds but there was little space for the families of these residents to sit and spend time with their loved ones.

**Judgment:**
Non Compliant - Minor

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**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 centre provides care to 91 residents who have varied care needs including acquired brain injury and dementia. The provider and person in charge had submitted a self-assessment questionnaire prior to the inspection and inspectors also reviewed questionnaires from residents about their experience of the service. Residents and their relatives expressed satisfaction with the food provided and the choices available to them.

Two nurses and five care assistants had completed training on ‘nutrition in older people’ with the centre’s dietician. 27 nurses, 7 health care assistants and 31 catering staff had completed training on Dysphasia in the last 2 years.

45 residents were identified to inspectors as being on a modified consistency diet. 31 residents were having their diet fortified, 14 were on diabetic diets, 2 were on specialised renal diets and 10 residents were fed through an enteric feeding tube.

The centre had policies and procedures in place to guide staff on nutrition management.
and on hydration which were reviewed in March 2014. The policy on nutrition guided staff to weigh residents on admission and then monthly thereafter and to refer residents to professionals such as the dietician or speech and language therapist for specialist advice. Oral assessments were also completed for all residents on admission. Copies of the nutrition policy were available on each ward.

Inspectors reviewed a sample of the care records which verified that residents were weighed on admission and a nutritional risk assessment completed using an evidence-based screening too. An assessment of the level of assistance the resident required with eating was also documented. Nutritional screening was repeated at a minimum of three-monthly intervals. Where a risk of weight loss was identified inspectors saw that weekly weighing was commenced and the resident was referred to the dietician for advice. This service was provided in house. Staff told inspectors there was only one sitting weight hoist available for the centre. Inspectors observed from the daily notes that this hoist was regularly out of service which resulted in delays weighing some residents.

Residents who had swallowing problems were referred for assessment by a Speech and Language Therapist (SALT) to determine the extent of the problem and identify modifications necessary to ensure their nutrition such as modified consistency diets and using thickened fluids. Records of referrals to the dentist, dietician, SALT and occupational therapist were available and care plans reflected the specialists’ advice was been followed.

A food fortification plan was put in place initially to enrich the diet of residents losing weight by the addition of high calorie foods. Cream was added to residents’ porridge and butter added to potatoes to increase the calorie content. Staff monitored the food and fluid intake of all residents who required assistance with their meals daily and detailed dietary monitoring records and fluid balance charts were implemented when appropriate.

There was a separate small dining room available in each unit. Although these were suitably furnished, they did not provide sufficient space to allow all of the residents, including those with mobility equipment, to sit together at meal times or to move around in comfort around this area. Inspectors observed that only a small number of residents ate their meals in the dining areas and most ate their meals by their bedsides. For example, in the unit known as Hazelwood, only 5 of the 25 residents had their lunch in the dining room and inspectors observed that the other residents had their meals either in bed or by their bedside. Some residents were observed to use bed tables which were not adjusted to the appropriate height setting for them. Residents who ate by their beds did not have any change of scene during the day and meal times were not a social experience.

The centre had an open visiting policy but had introduced protected meal times which ensured privacy for residents. Families wishing to assist their loved ones at meal times were encouraged to do so. Inspectors observed lunch in three units and tea in two during the inspection. There were two choices of meals available at each meal. The menu was displayed on each table. Modified consistency diets were served appropriately with meat and vegetables presented separately on the plate. Dining tables were
appropriately set with cutlery condiments and napkins. Most residents were observed to have a glass of milk with their meal. There was sufficient time allocated to ensure residents could eat at their own pace. Residents who needed help were assisted discreetly by staff who chatted to them as they assisted them with their meal. Residents who didn’t feel hungry or who had an appointment could have their meal later.

Residents were consulted daily on their choice of food for the following day and some said they found it difficult to remember what they had ordered. Food was served from a heated trolley. Staff members were observed serving food according to residents requests. Food service commenced at the first bedroom in each unit and the staff member made his way with the trolley along the corridor to each room in the unit and to the dining area. Inspectors observed that the trolley was not plugged in so food served to residents in the first room appeared hot, however by the time the trolley made its way to the residents in the last room, some time had elapsed and inspectors were concerned that food may have had cooled down. When this was pointed out to the staff member he immediately plugged in the trolley.

Feedback from residents about the standard of catering was generally positive and residents told inspectors they had a good choice and sufficient quantities of food. Residents said an alternative was provided if they did not feel like the meal prepared and most said food was generally hot and well presented. Breakfast was served between 9 am and 9.45 am. Residents wishing to eat later said they could do so. Some residents told inspectors they liked to have soup at midday which was available every day. Lunch was served at approximately 12.30. Snacks were provided between meals. These included fruit smoothies, tea and biscuits, fresh fruit, yoghurt’s or brown bread. The evening meal was served at approximately 4.45 pm and inspectors saw that it included hot choices daily. A supper was served between 7 and 8 pm. Residents confirmed that if they were awake at night staff asked them if they wanted a snack.

There were systems in place to ensure that residents could avail of food that was nutritious, varied and available in sufficient quantities. The catering manager confirmed that the menu was prepared in conjunction with a dietician and a speech and language therapist. Information on specialist diets was provided to catering staff by nurses and detailed lists were displayed in the kitchen. The catering staff had a very good knowledge of resident’s food choices and specialist diets described the system in place to ensure everyone got the appropriate meal. There was a three week rolling menu to ensure variety. Generally there was a choice of nutritious, wholesome food provided. There were good supplies of fresh fruit and vegetables available and inspectors saw that the menu included fruit in the form of smoothies and pureed fruits. Bread and cakes were home-made and a list of residents’ birthdays was kept by the catering manager and all birthdays were marked with a home-made birthday cake with candles. Drinking water was provided in jugs in the dining areas and at resident’s bedside. Most residents had milk with their mid day meal.

There was evidence that residents were consulted regarding meals and mealtimes through a food survey carried out in January 2014. The survey asked questions in relation to mealtimes, portion sizes, assistance and choice of location to eat. The results were collated and inspectors observed they were generally positive. The question however on where residents would like to eat their meals did allow for a reliable
judgement to be made as it did not take account of the fact that the dining area could not accommodate all residents even if chose to eat there.

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

**Findings:**
This outcome was not fully reviewed however inspectors reviewed staffing in the context of the supervision of residents during mealtimes. As discussed in outcome 15, most residents had their meals by their beds. The location of residents in different rooms during meal times impacted on the ability of staff to ensure that each resident was appropriately supervised during meal times. Furthermore inspectors observed that some staff took breaks which coincided with meal times which further impacted on supervision and assistance of residents. A review of staff deployment during mealtimes is required to ensure that sufficient staff are on duty to appropriately assist and supervise residents.

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:

Marie Matthews
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

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000660</td>
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<tr>
<td>Date of inspection:</td>
<td>06/05/2014</td>
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<tr>
<td>Date of response:</td>
<td>18/06/2014</td>
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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 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Analgesic medication was prescribed for pain relief, there was no evidence available that staff used a recognised pain assessment tool to assess pain levels.

Action Required:
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

1 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:**
Recognised pain assessment charts are available and in use in St Johns Community Hospital, they are the Mc Gill pain assessment charts as well as the Abbey pain scale. This issue has been discussed with the Clinical Nurse Managers (CNM) and senior staff. These will be fully utilised for all residents who have pain as a means of assessment.

**Proposed Timescale:** 01/06/2014

**Theme:**
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans reviewed were not person centred and did not always give an accurate reflection of the residents individual preferences for end-of-life care.

**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
A new care plan has been piloted and our current care planning documentation is being changed to support a more person centred approach to care.

End of life care discussions have taken place with some residents and their families and this area of practice will be developed and enhanced and will form part of our admission assessment and ongoing assessment with residents and their families. It is also recognised that some residents do not wish to discuss this area of their care, if this is the case it will be fully documented. Training has also been sought for our staff to assist in having end of life discussions via the Centre for Nursing and Midwifery Education (CNME) with residents and their families.

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

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Dining facilities were not of sufficient size to provide adequate space to allow residents including those with mobility equipment to sit at the dining tables and eat together or to move around in comfort.

Some residents had small bed tables positioned in front of them at meal times which were not adjusted to the appropriate height setting for them.
**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**
Dining rooms as well as sitting rooms are available on all units. Each unit has at least two dining areas where residents can enjoy meals. We will ensure that tables are adjusted to the appropriate height that is required for each resident. A number of our residents require therapeutic chairs for their posture and therefore it is difficult to accommodate those chairs at a dining table, however those residents do have a height adjustable bed table for their own use. Resident’s bed tables will be adjusted to a suitable height. Adjustable Height dining tables are being sought to ensure comfort, access and maintain the independence of our residents.

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

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was only one weighing hoist available for the centre. Inspectors observed from the daily notes that this hoist was regularly out of service which resulted in delays weighing some residents.

**Action Required:**
Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

**Please state the actions you have taken or are planning to take:**
Additional weighing equipment has been ordered. The Weighing Hoist has been serviced.

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

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It is difficult for very ill residents who share multi occupancy rooms to maintain their privacy and dignity or for their families to spend time with them in comfort.

**Action Required:**
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.
Please state the actions you have taken or are planning to take:
All residents at end of life or who are very ill are offered a single room and this is a priority for our Hospital. A single room is always available for residents at end of life. Due consideration is always given to other residents in multi occupancy rooms.

**Proposed Timescale:** 06/05/2014

### 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:**
Some end of life care plans reviewed captured little or no information in relation to residents preferences for place of death, who they would like to have with them, or funeral arrangements.

Pre-formatted templates had not been adapted to ensure person centred holistic care plans.

**Action Required:**
Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

**Please state the actions you have taken or are planning to take:**
End of life care discussions when welcomed by residents have taken place to ensure our residents wish and preferences are adhered to at end of life. This includes realistic options based on residents wishes. These discussions will continue to take place and it has been discussed with all CNM on each unit that end of life discussions must form part of the admission and ongoing assessment process for each resident. Training has been sourced for Multidisciplinary staff in relation to opening discussions at end of life as well as spiritual care. This training will take place in July 2014.

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

### 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 food trolley was not plugged to ensure food was served at an optimal temperature.

**Action Required:**
Under Regulation 20 (2) part 3 you are required to: Provide each resident with food
which is properly prepared, cooked and served.

Please state the actions you have taken or are planning to take:
The catering manager has been informed and all catering trolleys will be kept plugged in to ensure food is kept warm at all times.

**Proposed Timescale:** 06/05/2014

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The location of residents in bed rooms during meal times made it difficult to ensure appropriation supervision of residents during meal times. Some staff breaks coincided with meal times which reduced the numbers of staff available to supervise and assist residents.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Following the food and fluid survey in February 2014 carried out by the Nutrition Committee a large volume of our current residents wish to have their meals at their own bedside as a matter of choice. Those residents who require assistance are given it and we are actively encouraging all new residents who are admitted for long term care to have their meals in the dining rooms.

A review of staff meal times is currently under way within the units.

**Proposed Timescale:** 01/07/2014