

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Centre address:	Carrick Road, Boyle, Roscommon.
Telephone number:	071 9670 111
Email address:	manager@abbeyhaven.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulryan Construction Limited
Provider Nominee:	Breege Mulryan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

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:	To:
11 August 2014 13:30	11 August 2014 19:00
12 August 2014 09:00	12 August 2014 14:00

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 10: Notification of Incidents
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 primarily on End of Life Care and Food and Nutrition. The Authority had also received information with regard to the adequacy of staffing levels to meet the assessed needs of residents to ensure their care and welfare was protected, consequently staffing levels at the centre was reviewed by the inspector. The inspector followed up on the progress of eight action plans from the previous inspection in April 2014. With regard to these, two actions were found to be complete and three required further work in order to fully comply with regulatory requirements and standards and three had not been completed.

In preparation for this thematic inspection the person in charge completed a self assessment in relation to both outcomes. The inspector reviewed the policy on end of life care and the provider self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The person in charge who completed the provider self-assessment tool had judged that the centre had a minor non-compliant in relation to both outcomes. Documents reviewed included assessments, care plans, care files, medical files, staff rosters and training records.

Overall the inspector judged the centre to be in moderate non-compliance in the area of End of Life Care and minor non compliance with regard to 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. This report details the findings on the day of inspection.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

At the time of the last inspection no aspect of nutritional care had been audited. While audits were currently occurring there was no quality improvement plan in place to show any changes that had occurred post these audits. The person in charge stated in the returned self assessment that food was discussed at residents meetings but evidence was not available that this was occurring. The Person in Charge informed the inspector that staff were checking directly with each resident their view regarding the food. A food survey had been completed but the results had not been analysed.

Judgment:

Non Compliant - Moderate

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:

The inspector found that while records were maintained they were incomplete. On some occasions the inspector noted that records were not signed or dated and, some

assessments that formed the suite of admission documents to include oral hygiene assessments were blank. The daily records completed by nursing staff do not outline the full range of care and treatment provided to residents. One file reviewed had no index. Food and fluid charts were poorly completed.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection inspectors noted that there were restrictive practices in place with regards to a resident receiving visitors. There was no risk assessment in place which detailed the necessity for these controls or of any discussion with the resident or whether an independent advocate had been offered to the resident. This action had been addressed. A risk assessment has been completed. Discussion had been held between the social worker and the PIC. A confidential file was available and an independent advocate had been offered to the resident.

Judgment:

Compliant

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:

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

This action has been partially completed. A revised falls risk assessment was completed

post a fall however the care plans were not updated to include any additional controls that may be required to minimise the risk of injury to residents. In files reviewed manual handling assessments were up to date.

Fire Drills

At the time of the last inspection there was no evidence available that all staff had completed regular fire drills and emergency fire exit signs were confusing and some signage did not direct you to the nearest exit. There was evidence available that fire drills were occurring regularly and guidance maps to the nearest exit were in place in various locations.

Judgment:

Non Compliant - Minor

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

In April 2014, practice in relation to notifications of incidents required review. Inspectors examined a number of files and found that there was evidence that all notifiable events had been reported to the Authority. The inspectors requested that any outstanding notifiable events be notified retrospectively. These have been submitted.

The inspector on this inspection found that there was a notifiable event that had not been reported to the Authority but this has subsequently been reported.

Judgment:

Compliant

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:

At the time of the last inspection it was identified that while there was some evidence available of involvement of the resident or their next of kin in the development and review of their care plan, this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident was cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided.

This action had not been addressed. Most care plans viewed by the inspector had been reviewed in the previous four months yet no evidence was available of any input from the resident or their representative with regard to their care plan.

At the time of the last inspection residents who had cognitive impairment did not have opportunities to participate in meaningful activities, appropriate to their interests and preferences and there was limited evidence available of social care assessments being completed or recording of significant events on personal calendars. Additionally in care plans reviewed where the resident had a diagnosis or dementia/cognitive impairment there was no corresponding care plan to inform staff as to what impact this had on their ability to perform activities of daily living.

This action had been partially completed. Social care assessments and personal calendars were completed in some files reviewed, in others they were blank. Activity provision had been reviewed however; no staff had undertaken specific training in dementia specific activities. A record is kept of the activities participated in. In care plans reviewed by the inspector where the resident had a diagnosis or dementia/cognitive there remained poor evidence of the of the impact this has on their ability to perform activities of daily living.

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):**Findings:**

While a good standard of care in this area was described by staff, deficits were found. An end-of-life policy was available in draft format. Palliative care services were easily accessible, spiritual, religious and cultural practices were facilitated, pain assessment and monitoring charts were in place, relatives were welcomed and facilitated to remain with their relative with refreshments available. On the second day of the inspection the

person in charge showed the inspector a comprehensive end of life care plan that she had completed with one of the residents and their relatives.

However, robust arrangements were not in place for eliciting residents' end-of-life preferences and efforts were not made to afford all residents an opportunity to consider and communicate their wishes and preferences. The inspector found that most residents did not have their wishes documented. Staff spoken with by the inspector said that they would consult with family /significant others with regard to end of life care wishes of their loved ones. While the provider had attended end of life care training and had documented in the self assessment questionnaire that End of life care training would be delivered to staff in August 2014 this had not occurred at the time of inspection and no specific date was set for this training. The provider stated that informal end of life care training was carried out as the need arose and discussed at handover.

One questionnaire had been sent to relatives of a resident who had died at the centre. The response to this questionnaire was positive with regard to the care their loved one received at end of life.

There were good facilities in place to ensure that residents received end-of-life care which respected their privacy and dignity. End of life care rooms and family rooms with good facilities for refreshments were available. Family and friends were facilitated to be with a resident when they were ill or dying. There was an open visiting policy and suitable facilities were provided.

The inspector read the records of residents who were receiving or had received care from the palliative care team. There was good evidence of regular review by the palliative care team and the GP to monitor and ensure appropriate comfort measures. Religious and cultural practices are facilitated. Staff and residents confirmed that the Church of Ireland Minister and Roman Catholic priests visited residents regularly. Mass was celebrated weekly and one resident told the inspector that the Church of Ireland minister attended the centre monthly.

Judgment:

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(s):

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

Findings:

The inspector reviewed the menu and discussed options available to residents. The chef

confirmed that the menu had not been reviewed by the dietitian but stated he was keen to work with the dietitian and displayed a very positive attitude to ensure that the residents enjoyed their food. There were nutritious snack options available between meals. Staff had access to the kitchen to prepare snacks for residents during the night. Drinks, including water, juices and soft drinks were readily available. Staff had received training in nutritional care, 12 staff had attended training in this area in 2013 and 10 in 2014. Further training had been scheduled for July 2014 but this had not occurred at the time of inspection.

The inspector observed the lunch and evening meal on the first day of inspection. Residents were offered a choice of food and individual preferences were readily accommodated. The menu choices were clearly displayed. Food was nutritious, varied and residents told the inspector that it was provided in sufficient quantities. Meals were hot and the inspector noted that food including food that was pureed was attractively presented and in accordance with the menu of the day. The dining room was bright and could accommodate all residents if they wished to be accommodated at any one time. Some residents chose to take their meals in the sitting room or their bedroom especially their evening tea.

Meal times were protected and while visitors were facilitated on request, visitors used the visitor's room with their loved one during meal times. The inspector spoke with the chef who was knowledgeable with regard to residents' dietary requirements and described the system that was in place to ensure that residents receive specialised or modified consistency diets as prescribed. Special diets at the time of inspection included diabetic, coeliac oft and minced. 13 residents were prescribed protein supplements. These residents were also on a fortified diet which included adding butter, cream and cheese to their food. He confirmed that the nursing staff communicated specific dietary needs to the chef as soon as a resident was admitted or their dietary needs changed.

The inspector saw that there was adequate staff available to assist at mealtimes. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to be as independent as possible.

Water and drinks were freely available or easily accessible to residents. Some systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents' nutritional needs were assessed; however some of the assessments were poorly completed. The Person in Charge confirmed that some staff had been trained on the nutritional assessment tool used in the centre.

At the time of the last inspection a robust system was not in place to monitor residents' weights and ensure that if a resident had unintentional weight loss measures would be put in place to mitigate the risk this posed to the resident. The Person in Charge told the inspector that all residents were weighed monthly at minimum however, on reviewing weight charts this was not occurring. At the time of this inspection while residents were being weighed monthly there were some gaps in weight recording. Where a decision had been made to weigh residents more frequently, for example, it was documented that 12 residents were due to be weighed on the 10 August 2014. When the inspector checked the documentation to see if these 12 residents had been weighed, only four of

the residents had their weights recorded.

At the time of the last inspection nutritional care plans required review to ensure that they reflected the current needs of the resident and provided guidance to staff and reflected any specialist advice obtained. This had not been addressed. Care plans continued to require review to ensure they were person centred and reflected the overall actions to ensure that the nutritional needs of residents was met for example frequency of weighing, linkage to the assessment and to reflect specialist advice from the dietitian. Residents had good access to the general practitioner (GP) and dietetic services. Residents spoken with by the inspector were very positive in their feedback regarding food and nutrition.

Some residents had food and fluid intake and output charts in place however; the records were poorly completed and had significant gaps. They did not provide sufficient detail to be of therapeutic value and did not provide a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit. In most cases the 24-hour intake/output was not totalled, again diminishing their usefulness.

There was a policy on 'Residents' meals and mealtimes - planning and facilitating residents' choice'. This was due for review in July 2014 but had not been reviewed at the time of inspection. A further policy was available on 'Communication of information regarding resident's diet and nutrition'. This was due for review on the 30 December 2013, but had not been reviewed. A policy was available on food, nutrition and hydration which included monitoring and documentation of resident's fluid and nutritional intake was also available.

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. 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:

The Authority had received information with regard to suggested inadequacy of staffing levels in the centre to meet the assessed needs of residents. Eight staff had resigned between March and July 2014 and 10 staff had been recruited from February 2014 to

July 2014. The PIC stated that due to staff shortages she had worked on the floor a lot recently. She said that as they had now recruited their full complement of staff she would have more time to complete her governance and management tasks in the centre.

At the time of this inspection there were 60 residents living in the centre, 18 of whom were assessed as maximum dependency, 20 as high dependency, 12 as medium dependency and ten as low dependency. Residents had a mixture of age related physical/medical conditions and cognitive impairment.

There were 7 volunteers listed on the off duty in July. These were generally rostered for Mondays and Tuesday morning duty. The inspector found that these were in addition to the regular numbers. With regard to the direct delivery of care to residents the inspector found there was 10 staff on duty on the morning of inspection, eight staff on duty on the afternoon /evening of inspection and four staff on duty on nights. From a review of the working staff roster this was the usual levels. From review of additional rosters past and planned the inspector noted that these were the standard staffing levels. This was also confirmed by staff.

Staff on duty informed the inspector that when staff were off sick or on leave that they were usually replaced by staff who worked part-time. From review of the working roster it was apparent that when staff were sick they were replaced by a regular staff member. The numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection.

Residents and staff spoken with expressed no concern with regard to staffing levels. The inspector observed that call-bells were answered in a timely fashion, staff was available to assist them and residents were supervised in the sitting room throughout the inspection.

Judgment:
Non Compliant - Minor

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:

Mary McCann
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Abbey Haven Care Centre & Nursing Home
Centre ID:	OSV-0000738
Date of inspection:	11/08/2014
Date of response:	03/11/2014

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Completed food survey results had not been analysed .

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

Completed Food Survey results have since been analysed .
Nutrition care audits are currently completed on a quarterly basis .

Proposed Timescale: 30/10/2014

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:

Some records were not signed or dated.

Some assessments that formed the suite of admission documents to include oral hygiene assessments were blank.

The daily records completed by nursing staff do not outline the full range of care and treatment provided to residents.

One file reviewed had no index.

Food and fluid charts were inadequately completed.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All resident records are been thoroughly reviewed for completeness.

Resident Care files are currently been restructured.

Documentation has been addressed with Nursing staff.

Proposed Timescale: 31/12/2014

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:

Post a fall, resident care plans were not updated to include any additional controls that may be required to minimise the risk of injury to residents.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

A Post Fall Checklist has been devised for staff guidance and to ensure all relevant documentation including care plans are updated post fall.

Proposed Timescale: 03/11/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Most care plans viewed had been reviewed in the previous four months yet no evidence was available of any input from the resident or their representative with regard to their care plan.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Plan reviews are now conducted with resident / relative or representative at the time of review: when resident condition changes or routinely on 4 month basis.

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:

Social care assessments and personal calendars were completed in some files reviewed, in others they were blank. No staff had undertaken training in dementia specific activities.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Dementia specific activities: reminiscent therapy, rummage boxes, music, life story albums storytelling, sing along are current activities enjoyed by our residents. Social care assessments and personal calendars are been reviewed and updated.

Proposed Timescale: 30/11/2014

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:

Robust arrangements were not in place for eliciting residents' end-of-life preferences and efforts were not made to afford all residents an opportunity to consider and communicate their wishes and preferences. The inspector found that most residents did not have their wishes documented.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of Life wishes and preferences are now documented and at an advanced stage for all residents.

Proposed Timescale: 30/11/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

A number of residents' nutritional assessments were poorly completed.

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

Care plans require review to ensure they are person centred and reflected the overall actions to ensure that the nutritional needs of residents are met including frequency of weighing, linkage to the assessment and to reflect specialist advice from the dietitian.

Some residents food and fluid intake and output charts and records were poorly completed and had significant gaps.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Nutritional Care plans have been updated with nursing staff. Documentation for food

and fluids has been addressed with nursing and care staff and are been monitored for.

Proposed Timescale: 30/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Not all staff had received training in end of life care or nutritional assessment and management.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

End of life training was provided on 13/8/2014 as scheduled prior to this inspection .
Nutritional Assessment and Management - training held on 21/8/2014
Good Nutrition and Hydration in the elderly – training held on 2/10/2014

Access to all training is provided for all staff as part of continuous education
Further training is scheduled in November 2014.

Proposed Timescale: 30/11/2014