

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	La Verna Nursing Home
Centre ID:	OSV-0000146
Centre address:	30 Haddon Road, Clontarf, Dublin 3.
Telephone number:	01 833 9879
Email address:	info@laverna.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	M.V. Nursing Limited
Provider Nominee:	Shane Kelly
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 June 2016 10:00 To: 22 June 2016 16:00

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was the first in the centre since July 2014. The centre is situated in the middle of a residential street in Clontarf. The 32 bedded centre is spread over four floors.

The person in charge and management team remained unchanged since the last inspection. The inspector saw the level of services and facilities outlined in the statement of purpose were available to residents.

Staffing levels and skill mix on the day of this unannounced inspection were good. Residents' nursing and medical care needs were being met. Staff appeared to meeting residents' needs in a holistic and person centred way. There was a good variety of activities available for residents' to choose from.

End of life care had improved since the last inspection, the policy had been updated and end of life care plans were now in place. However, end of life assessment required review. Medication management including administration practices reflected

best practice. Practices such as the use of bed rails as a form of restraint required review as did the provision of a risk register and the checking of the fire alarm and emergency lighting on a quarterly basis.

A number of issues were identified with the premises as outlined under outcome 12.

The action plans at the end of this report reflect the outcomes not met on this inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a good governance structure in place. The person in charge (PIC) was full-time, has the required experience and demonstrated sufficient clinical knowledge, knowledge of the legislation and her statutory responsibilities. She was maintaining her professional development by attending training days and information sessions run by HIQA.

The Assistant Director of Nursing worked closely with the PIC, was the named key senior manager and managed the centre in the absence of the person in charge. They were on duty at the time of this inspection. One of them was on call at all times and this was reflected on the roster.

Judgment:

Compliant

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:

Records held by catering staff reflected residents preferred diet, required diet and consistency. However, there was no record being kept of what was being used to fortify foods for those identified with significant weight loss. This is actioned under outcome five.

Judgment:

Substantially Compliant

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:

The centre was safe and secure, residents spoken with confirmed this.

The front door was secure and there was a visitors book at the front door. There were closed circuit television cameras situated at exit doors.

Records reviewed showed all new staff had completed training in the protection, detection and prevention of elder abuse during their induction programme. A refresher training date had been scheduled for those small number of staff due for refresher training.

Those staff spoken with had a clear understanding of the protection, detection and prevention of elder abuse policy.

Bed rails were used as a form of restraint for a thirteen residents'. The centres restraint policy referenced the National Policy 2011 "Towards a Restraint Free Environment". However, there was a lack of alternative equipment available to staff to use as an alternative to using bedrails as a form of restraint. For example, the only alternatives available were one low-low bed and two alarm mats. The restraint assessment did not outline what if any alternative had been tried, tested and failed prior to bed rails being used as a form of restraint. The inspector observed that the assessment form required review to ensure the assessment for use of bed rails as a form of restraint was in line with the National policy for use of restraint. This was discussed with the person in charge and clinical nurse manager during the inspection.

There were no residents' displaying responsive behaviours at the time of this inspection. The inspector saw that there was only one resident prescribed a psychotropic medication on an as required basis (PRN). All residents' medications were reviewed on a regular basis by their General Practitioner.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

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

The centre had an up-to-date health and safety statement and risk management policy in place. It was reflective of the legislative requirements. It stated how risks were identified and how specific measures would be put in place to reduce the level of risk. This was reflected in practice, for example, the inspector saw that a fire extinguisher had been installed beside the outdoor wooden smoking shelter. The risk management committee met on a quarterly basis, they discussed falls, injuries, environmental, health and safety and infection control issues which had occurred in the centre over the previous quarter. However, there was no risk register kept in the centre, hence these potential risks and the control measures put in place to reduce the risk were not being recorded.

The inspector observed that infection control practices were good with hand washing and drying facilities and hand sanitizers available throughout the centre.

There were adequate means of escape on each floor of the centre and fire exits were found to be unobstructed. Floor plans were on display on the first, second and third floor of the centre. However, they did not identify where the nearest fire exits were.

Records reviewed on inspection showed that fire extinguishers were checked on an annual basis. The fire alarm and emergency lighting had been serviced on a quarterly basis up to December 2015. However, they had not been serviced on a quarterly basis in 2016 having been serviced only once to date in June 2016.

Staff confirmed they had completed fire safety training on induction and the inspector saw evidence that some had attended annual refresher training in June 2016 and the remaining were booked in for upcoming refresher training. Those spoken with were clear on what to do in the event of the fire alarm sounding. Records reviewed showed that a mock fire drill was practiced once per month, staff in attendance and response

times were being recorded. One had been practiced with night staff within the past year.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a medication management policy in place and the procedure for administering, recording, safekeeping and disposal of unused or out of date medications reflected this policy. The prescribing of medications required review.

The inspector reviewed medication management practice at lunchtime and the administration of medication which was in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives. The inspector saw evidence that the pharmacist audited the competency of staff nurses administering medications on an unannounced, ad hoc basis, the audit tool and process appeared comprehensive.

A number of residents' required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated whether crushing was authorised for each individual medicine on the prescription sheet. This had been identified by the management team as an issue which required improvement, together with indications for as required (PRN) medications. They were working with the pharmacist to develop a new improved drug prescription chart, a sample of which was shown to the inspector.

A record of medications received and returned to and from pharmacy was maintained. The medications that required strict control measures (MDAs) were checked and counted at the end of each shift by two nurses. The inspector found record keeping was to a high standard in this area and in line with best practice.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits as mentioned above, reviewed administration practice during medication rounds they also included a review of administration records, prescription sheets and storage of medicines within the centre. Medication incidents including medication errors were recorded.

Judgment:

Substantially 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:

Effective care and support

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

Findings:

Residents' were assisted to access allied health care professionals. A review of a number of residents' files showed that they had been referred to allied health professionals as required without delay. Residents' spoken confirmed were reviewed by their general practitioner on a regular basis and a review of a sample of residents' files confirmed this.

Nursing documentation reviewed for a number of residents was good. Care plans reflected all resident needs identified on assessment and were person-centred. They were updated when the needs of the resident changed and reviewed within a four monthly basis by staff.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

The inspector found the centre to be clean and tidy.

There was adequate communal space to meet the needs of residents'.

The inspector used the visitors' room during the inspection process.

There was inadequate storage space provided for equipment. Hoists and sit on scales were stored in the residents' bedroom or in the downstairs assisted bathroom. A provision for additional storage space was not viewed in the proposed new extension, for which planning permission had been granted.

The three, three bedded rooms had not been reviewed to meet the criteria of the standards. There was a lack of personal space for the resident occupying the bed by the door in each of these three bedrooms. The inspector was informed that the planned extension included additional bedrooms which would enable the reduction of bed capacity in the three, three bedded rooms.

The residents' bedrooms were spread across the ground, first, second and third floor of the centre. There was no lift in the centre. There were three chair lifts available to take residents' with impaired mobility from one floor to the other. The inspector was informed that all five residents' currently residing on the third floor were independently mobile. There was no lift included in the planned extension.

There was no garden. There was a small paved area the width of the building which ran along the rear of the building and both sides. Residents could independently access the small paved area via the activities room. This area contained garden benches, chairs, tables, bedding pots and plants. It was secure to the rear by a newly constructed boundary wall. The side of the building contained a smoking hut and was frequently used by a number of residents'. The inspector raised concerns as part of this small rear outdoor space appeared to be planned as ground for the planned extension.

Residents occupying multiple occupancy bedrooms did not have access to a single room at the time of death. A single room for use at the time of death was not identified in the proposed new extension plans reviewed on inspection.

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):

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

Findings:

There was an end-of-life policy in place it had been updated in January 2016.

The inspector was informed that residents occupying multiple occupancy bedrooms did not have access to a single room at the time of death and as mentioned and actioned under outcome 12, a single room for use for this purpose was not planned for in the proposed new extension.

Nursing documentation for four residents was reviewed. Residents' comprehensive assessments did not refer to residents' wishes/ preferences at the time of their initial assessment or during their four monthly assessment review however, each resident now had an end of life care plan in place. The end of life care plans reviewed included a record of end of life discussions the person in charge had with the resident and their next of kin and in some cases their general practitioner (GP). Where the resident had not been involved, the care plan stated this was due to a lack of their capacity to participate. The reviewed care plans included certain aspects of preferred end of life care, such as, if the resident wanted to stay in centre or be transferred to hospital, preferred funeral arrangements and who was taking responsibility for these. However, for one resident who was receiving end of life care, the care plan was not detailed enough to direct the planned care. For example, the residents' GP had prescribed medications to ensue the resident would experience a pain free death, these prescribed medications were not referenced in the residents' end of life care plan. The centre had access to the palliative care team. The inspector was informed that prompt referral and review from the team was provided whenever necessary.

Residents' religious needs were facilitated by a visiting priest. The Sacrament of the sick was provided and the priest sought at the residents' request.

Judgment:

Substantially Compliant

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 observed lunch time service in the dining room and saw some improvements had been made since the previous inspection. Residents' spoken with told inspectors they enjoyed the food and the choices available to them.

The dining room was appropriately furnished and welcoming. The inspector saw table

settings were pleasant, included condiments, napkins and appropriate place settings for all residents. The atmosphere was calm, most residents' were independent and their independence was promoted with individual jugs of residents' preferred drink being left on the table where they were dining. Staff were available to provide assistance to those who required it, in the dining room and in their own room.

The inspector saw residents' been offered a variety of hot and cold drinks and snacks to residents' mid morning.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Residents' nutritional status were monitored closely. Documentation reviewed showed that each resident's weight was checked on a monthly basis and/or more regularly if required. Nutrition assessments were used to identify residents at risk and care plan reflected their nutritional care needs. Those at risk were referred to multi disciplinary team members for assessment without delay and nutritional care plans were updated with recommendations made. Residents' who had been prescribed supplements were receiving them and both catering and care staff had a good knowledge of residents' nutritional needs including those on specialist diets. Records held by catering staff reflected residents preferred diet, required diet and consistency. However, there was no record being kept of what was being used to fortify foods for those identified with significant weight loss. This is actioned under outcome five.

Judgment:
Compliant

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:
There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection.

There was evidence that all staff nurses had renewed their registration for 2016 with

Bord Altranais agus Cnáimhseachais na hÉireann. There was an actual and planned staff rota, these rosters reflected the name and role of each staff member on duty.

Records reviewed confirmed that most staff had mandatory training in place or were booked in for a refresher course within the next two months. Staff had also been provided with education on topics, such as, Cardiac Pulmonary Resuscitation (CPR) and end of life care.

The person in charge was completing staff appraisals on an annual basis. A sample of four staff files reviewed contained all the required documents as outlined in schedule 2.

Judgment:
Compliant

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:

Sheila McKeivitt
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:	La Verna Nursing Home
Centre ID:	OSV-0000146
Date of inspection:	22/06/2016
Date of response:	21/07/2016

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:

Records did not reflect what products were used to fortify foods for those identified with significant weight loss.

1. 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

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

the Chief Inspector.

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

A review has been undertaken by the Nutrition Specialist and has provided a programme to be used to fortify foods. (see attached)

Catering department have been provided with a list of the residents who require fortified foods and will be reviewed and dated monthly.

Proposed Timescale: 20/07/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was an inadequate amount of alternative equipment available to staff to trial prior to using bedrails as a form of restraint.

Alternatives trialled, tested and failed were not reflected on each residents' restraint assessment forms, hence their use was not in line with the National Policy.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Alternative safeguarding measures i.e. enablers have been purchased and are being trialled currently.

A full review of the use of bedrails has been undertaken including consultation with residents / families. Restraint assessment forms are being reviewed to include recording of all alternative methods used and outcomes.

The use of bedrails for 4 residents has been discontinued.

Proposed Timescale: 04/08/2016

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:

A record of risks identified and measures put in place to address these risks were not recorded as there was no risk register maintained in the centre.

3. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A full Risk Assessment & Hazard Identification document had been completed for the Nursing Home. This has now been complemented by a Risk Management Register. (see attached) This will now be used to record any identified risk in specific areas.

Proposed Timescale: 02/08/2016

Theme:

Safe care and support

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

The fire alarm and emergency lighting were not serviced on a quarterly basis in 2016 as per legislative requirements.

4. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Our contracted fire management safety company were contacted on the day of the inspection and a full inspection had been completed on 07/06/16. All quarterly inspections will be completed moving forward.

Proposed Timescale: 20/07/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet.

Indications for the use of PRN medications were not identified on resident prescription

charts.

5. Action Required:

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

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

Currently, there is only one resident receiving crushed medication which is clearly signed and dated. Last reviewed by the GP in June 2016. (see attached prescription).

A revised medication management and record system has been agreed with the Pharmacy. (see attached)

Proposed Timescale: 12/08/2016

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:

There were three, three bedded bedrooms, each with a limited amount of private space for those occupying these rooms particularly those residents' residing in the bed by the door in these rooms.

The centre did not have a lift although residents' bedrooms were spread over four floors.

There was a lack of storage space for equipment.

There was no single room for use by residents' occupying multiple occupancy bedrooms.

The planned extension was going to further reduce the already small amount of outdoor space residents' had access to.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The (3) Three bedded rooms have had a full space review, rooms will be rearranged to ensure adequate space for residents as soon as new furniture has been delivered to facilitate this.

La Verna has a Chair Lift accessing all floors. An engineer has been engaged to examine

how a lift could access all floors.

A full review of storage space throughout the nursing home has taken place. With dedicated storage space identified for each piece of equipment.

This aspect of end of life care will be reviewed as part of the proposed extension.

The planned extension is now under review with our Architect / Engineer in order to incorporate issues identified in this report.

Proposed Timescale: 30/09/2016

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:

Residents end of life preference/likes were not recorded on admission or on their four monthly assessment review.

One resident receiving end of life care did not have all care needs reflected in the end of life care plan reviewed.

7. 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:

A complete review of the End of Life Care plan has been undertaken in consultation with staff in La Verna, (see attached). Consultation and engagement will take place with family, resident and/or designated healthcare representative.

The individual resident had her End of Life care plan reviewed to incorporate all of her identified care needs.

Proposed Timescale: 30/08/2016