

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Nazareth House
<b>Centre ID:</b>	ORG-0000149
<b>Centre address:</b>	Malahide Road, Clontarf, Dublin 3.
<b>Telephone number:</b>	01 833 8205
<b>Email address:</b>	maura.hooper@nazarethcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Nazareth
<b>Provider Nominee:</b>	Maura Hooper
<b>Person in charge:</b>	Margaret Donnelly
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	85
<b>Number of vacancies on the date of inspection:</b>	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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 08 April 2014 08:00 To: 08 April 2014 18:00

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

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

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

Residents spoken with confirmed that food was appetising and a dietician review of the menu found it was wholesome and nutritious. Service of meals in the dining room, the options available outside of core meal times and the promotion of independence and choice required to be reviewed. All practices/procedures in relation to food and nutrition of the older person needed to be included in the food and nutrition policy.

End-of-life care practices and outcomes for residents and relatives were to a high standard. Feedback from relatives of residents who had died within the centre was extremely positive. Staff were highly praised for the kind, sensitive and compassionate manner which they treated each resident. The inspector identified

some minor improvements required in the completion of resident end-of-life assessments and updating the end-of-life policy to reflect all practices/procedures. The centre was in minor non-compliance in the area of end-of-life care and was in moderate non compliance in the area of food and nutrition.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

**Findings:**

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed in relation to end of life care and nutrition. Risk assessment tools to evaluate levels of risk for deterioration were also completed. Although in general care plans reflected the care delivered, further improvements were found to be required. Risk assessments and care plans were not always linked or revised in all instances to determine their effectiveness.

Appropriate contacts and information flows between the nursing team and the resident's GP or palliative services were maintained. However, an emphasis of the care delivered remained on the physical and spiritual aspects.

A sample of documentation reviewed found that there were no arrangements in place for capturing residents' end-of-life preferences in relation to issues such as preferences for place of death or funeral arrangements. Bereavement counselling services or supports for families, friends and staff were not formalised, the inspector was told that these were available on request to families and that de briefing sessions were held for staff but evidence that these were discussed or took place was not available.

Care plans in place identified where discussions and decisions were taken on the level of medical intervention and possible transfer to hospital with family and where appropriate the resident themselves. However, they were not sufficiently specific to direct the care to be delivered in an holistic manner. Efforts to improve these were noted where some

staff had commenced discussions with families on preferences and at a recent residents meeting residents were asked to consider their wishes so these would be discussed with them to inform future care planning.

Systems were in place for assessing, reviewing and monitoring residents' nutritional intake, however improvements required to be made. Where residents' intake was being recorded a review of the system in place to ensure it was sufficiently detailed to allow for meaningful analysis was required. For example portion sizes were not determined to establish whether they were sufficient to meet the residents' needs as recommended by the dietician, the forms were not always fully completed, for example where an intake of bread was indicated, the amount was not identified nor whether butter jam honey or other spread was used. Intake of oral nutritional supplements was not always included.

Records reviewed showed that residents nutritional status was assessed and reviewed as necessary and care plans were in place. Access to appropriate allied health professional and associated services were available.

Care plans reviews and assessments were not linked (for example weights or MUST scores not referenced) and of the sample reviewed not all included reference to allied health professionals recommended interventions. Although in general, residents nutritional care needs were met, significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered and were reviewed in response to changes in residents' health and that care plans, evaluations of those plans and nurses daily notes were appropriately linked to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

#### **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

**Judgement:**

Non Compliant - Minor

**Findings:**

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

The inspector found evidence of recent efforts to improve the standard of care to meet the holistic needs of residents and their families. Appropriate care which endeavours to meet each resident's end of life physical, emotional, social and spiritual needs and respects his/her dignity and autonomy was found. There was access to specialist palliative care services and the religious community of the sisters of Nazareth provide spiritual support and comfort to both resident and families during the final days.

However, the policies processes and practices in place did not fully meet the needs of residents in that the policy was not sufficiently specific in terms of the arrangements in place to ensure the appropriate transfer of remains from the bedroom to the mortuary, it was found that although the funeral undertaker generally carried this out, there were occasions when staff were required to do so and the remains were transported on a trolley covered with a sheet. This necessitated passing communal and/or dining areas and the policy did not guide staff on the appropriate respectful management of this practice, although it was noted that staff formed a guard of honour when the remains were leaving the centre for burial a practice much appreciated by families. Similarly the policy did not provide specific guidance on the appropriate management and return of belongings to families.

Facilities were available to families to remain with their loved one and they were supported in doing so, although a specific overnight room was not available, a room was designated to be made available for families at this time and included facilities for tea making with microwave and fridge. The majority of bedrooms in the centre are single although there are four twin rooms, it was not always assured that this allowed staff meet residents needs to transfer those at end of life to a single room.

Although it was noted that the facilities and equipment were available to a good standard, some improvements should be considered including; the need to ensure appropriate bags were available to return belongings to resident's families. The inspector was informed that families brought a suitcase but where families were not involved appropriate alternatives need to be available. An appropriate cover and means of transport for the removal of the remains; appropriate chin support when preparing the remains.

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

In conversation with residents it was found that none had been asked their preferences on end of life arrangements although some did say it was raised at the last residents meeting in March. All stated that they were informed when other residents passed away and were facilitated to pay their respects in the mortuary or attend the funeral service if held in the centre's chapel.

Training records reviewed showed that staff had received some awareness training on the policies and procedures in place on end of life care and training was provided to a small number on palliative care. However it was found that additional training was required on care planning for end of life and on appropriate sensitive communication

processes on eliciting preferences and wishes of residents in relation to end of life.

### **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

**Judgement:**

Non Compliant - Moderate

**Findings:**

Policies and procedures were in place to guide staff in monitoring and documentation of nutritional intake and many aspects were found to be implemented in practice.

The inspector found that food and drink was available to residents at times and in quantities adequate for his/her needs. Food was found to be properly prepared, cooked and served, and menus in place had been reviewed by a dietician in March 2014 who determined that they were wholesome and nutritious.

It was found on this inspection that great efforts had been undertaken by the provider, person in charge, catering team and all staff to review the processes in place in relation to nutrition to improve the standards of care delivered in this area.

Progress was noted to have been made in some areas including:

- Processes in place to ensure residents did not experience poor nutrition and hydration were reviewed and an updated individual special diet sheet to improve communications between direct care teams and the catering team had been devised and implemented with all residents nutritional status and associated dietary needs reviewed over recent weeks. Residents identified as requiring this intervention had been reviewed by a dietician and/or speech and language therapist.
- A list of all special diets required by residents was compiled on foot of the individual resident's reviews and copies were displayed in the main kitchen and in the kitchenette on the first floor.
- Access to fresh drinking water at all times was available, jugs of water were observed in each residents room and water dispensers were located in several areas close to communal areas on each floor.

During the inspection the inspector spoke to residents and staff reviewed documentation in relation to nutrition observed practices for providing drinks and snacks and also observed the dining experiences for residents during two main mealtimes at lunch and tea.

The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate conversation and it was noted that many residents lingered over their meal whilst chatting to each other. Menus were displayed on a large board in pictorial and word formats and showed a variety of choices for main courses and desserts. Those residents on modified diets were offered the same choices as people receiving normal diets. A four week rolling menu was in place to offer a variety of meals to residents. Most residents took their meals in one of two dining rooms located on each floor of the centre. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee were available. Dining tables were appropriately set with cutlery condiments and napkins.

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

Mid meal snacks were available throughout the day. Staff were observed delivering hot drinks and biscuits during the mid morning and mid afternoon.

However, although it was noted that efforts were being made to improve the service delivery in this area further improvements were found to be required to improve residents experience and ensure consistent good practice throughout the centre. The inspector met and spoke to several residents and also joined residents for lunch during the inspection. All residents spoken with were agreed that the food provided was always tasty and appetising but mixed responses on choice, availability and temperature was received. Most although not all residents said the food was not always hot. At lunch five residents said the food was warm but not hot. The inspector was told that the temperature depended on how soon you were served, today the soup was hot but main course was not. The inspector joined residents as they were finishing their soup, and was offered some by staff, the soup although tasty, was lukewarm. Residents were observed to enjoy their lunch; food was appetising and most finished all of their meal.

However, it was noted that although there was a choice of main course, residents were not informed or asked for their preference. Staff seemed to make these decisions themselves and plates of food were brought to the tables and set in front of each person without comment. Gravy/sauce accompaniments were already on the plate and options for separate or additional servings of the gravy/sauce was not available. Similar issues in relation to food temperature and choice was found at the evening meal. Although warm the food was not hot. It was found that although a food probe was available it was not in working order in the upstairs kitchenette and recordings were not being taken. It was also noted at both lunch and tea that food was served from a hot

plate, all elements were taken out and served from the top which meant it cooled more quickly and therefore those residents last to be served were receiving lukewarm food. It was noted that there was no supervision of staff in the dining areas.

Residents also raised issues in relation to the menu. Choices although available were better at lunch than tea and although none spoken too said they wanted more cooked breakfast options it was noted that porridge or boiled/poached eggs were the only hot breakfast options available. Residents were in general satisfied with the timing of meals. However, several mentioned that if they missed a meal when away for any reason, for example at hospital appointments, there were few options on return, either tea and toast or sandwiches only.

The inspector found that the policies and processes in place were not sufficiently comprehensive to guide staff on the monitoring, documentation recording and overall management of residents nutritional intake. The special diet sheet although recently revised did not include all special diets in place, for instance high roughage fortified or hi calorie diets. Although the menu had been recently reviewed by a dietician the recommendations made in relation to increasing levels of oily fish had not yet been implemented. A formal process to include residents' wishes or preferences into the menu was not in place and a process to regularly review and revise the overall menu to ensure variety and maintain resident interests was not in place.

A greater emphasis on healthy snack options and improvements to options available for residents' outside core catering hours for residents who missed meals (or refused meals at set meal times) needs to be provided. It was noted that snacks generally consisted of tea, coffee, milk and biscuits. Yoghurt and some fruit particularly bananas were available, although other options such as fresh fruit salads, nuts or smoothies were not. Although the inspector noted that fruit juices, soft drinks and cordials were in stock they were not observed being offered or on display either at main meals or on snack trolleys.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Nazareth House
Centre ID:	ORG-0000149
Date of inspection:	08/04/2014
Date of response:	15/05/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

Care plans in place were not sufficiently specific to direct the care to be delivered in an holistic manner, an emphasis of the care delivered remained on the physical and spiritual aspects and did not reference psychological or emotional needs or interventions. Resident's preferences on end of life arrangements were not identified.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

A full and comprehensive audit of all end of life care plans has been commenced by the person in charge, with particular emphasis on ensuring that they are individualised to guarantee residents receive holistic end-of-life care in a way that meets their individual

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

physical, psychological, spiritual and emotional needs and wishes.

End of life discussions have been ongoing with existing residents and their families to ascertain their needs and preferences are recognized.

New resident's choices for their end of life arrangements are now discussed with them and documented at the time of admission.

**Proposed Timescale:** 15/07/2014

**Theme:** Effective Care and Support

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

Significant areas for improvement were identified in the documentation of care given and there was a need to develop a system to ensure that care plans reflected the care delivered were reviewed in response to changes in residents' health and that care plans, evaluations of those plans risk assessments and nurses daily notes were appropriately linked to give a clear and accurate picture of residents' overall health. It was also found that most although not all care plans were generic in nature and were not person centred.

**Action Required:**

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

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

The person in charge and clinical nurse managers have commenced a more comprehensive auditing system to ensure that residents changing needs are identified, risk assessed, documented and interventions take place. This is being done through a daily checklist where any changes in a residents condition are highlighted thus ensuring care plans are changed as required. The nurse's daily notes and care plans will be linked through the computerized system.

A 'person centred care' education programme is currently being developed by the person in charge and will be rolled out shortly. Included in this programme is documentation and individualised care planning.

**Proposed Timescale:** 29/07/2014

## Outcome 14: End of Life Care

**Theme:** Person-centred care and support

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

The policy was not sufficiently specific in terms of the arrangements in place to ensure the appropriate transfer of remains from the bedroom to the mortuary or on the appropriate management and return of belongings to families.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

The end of life care policy has been reviewed with specific reference to the arrangements for transferring the resident's remains from their bedroom to the mortuary.

Resident's in single rooms now remain in their rooms until removal by the undertakers. Residents in double rooms are discretely moved to the mortuary at off-peak times in a respectful manner.

Residents belongings are returned to their families in their own cases where possible and where this is not possible Nazareth House have purchased bags suitable for this purpose.

**Proposed Timescale:** 15/05/2014

**Theme:** Person-centred care and support

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

A sample of documentation reviewed found that there were no arrangements in place for capturing residents' end-of-life preferences in relation to issues such as preferences for place of death or funeral arrangements.

It was not always assured that residents in communal bedrooms can be facilitated to transfer at end of life to a single room.

**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 discussions with residents and families are ongoing. Each resident is in the process of having an individual end of life care plan developed to ensure their preferences as to their place of death and also their funeral arrangements are documented.

Most of our residents are in single rooms but for those in double rooms, they are, where possible, moved to a single room. When this is not practicable, the "HfH spiral" end of life symbol will be placed on the bedroom door and the curtains will remain drawn around the bed, to maintain the residents and their family's right to privacy at all times.

**Proposed Timescale:** 13/05/2014

**Theme:** Person-centred care and support

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

Although it was noted that the facilities and equipment were available to a good standard, some improvements should be considered including; the need to ensure appropriate bags are available to return belongings to resident's families and an appropriate cover and means of transport for the removal of the remains and appropriate chin support when preparing the remains.

**Action Required:**

Under Regulation 14 (4) you are required to: Put in place arrangements to ensure respect for the remains of deceased residents and make arrangements, in consultation with the deceased residents family, for the removal of remains.

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

Chin supports have been ordered and are awaiting delivery. Bags to be used specifically for returning residents property have been purchased. A new cover has been purchased for the mortuary trolley.

All funeral arrangements including the option of having the service in our own chapel will continue to be agreed with the family.

**Proposed Timescale:** 15/05/2014

**Theme:** Person-centred care and support

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

Additional appropriate training was found to be required on care planning for end of life and sensitive communication processes on seeking preferences and wishes of residents in relation to end of life.

**Action Required:**

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

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

Further discussion between all disciplines of staff on this sensitive area is being facilitated through group focus sessions.

Training in end of life care communication processes is currently being organised for all staff. Eight staff will attend training on this on the 28th of May and further education and training has been organised for June and October.

**Proposed Timescale:** 03/10/2014

### **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 formal process to include residents wishes or preferences into the menu was not in place and a process to regularly review and revise the overall menu to ensure variety and maintain resident interests was not in place.

Although the menu had been recently reviewed by a dietician the recommendations made in relation to increasing levels of oily fish had not yet been implemented.

Fruit juices, soft drinks and cordials were in stock but they were not observed being offered or on display either at main meals or on snack trolleys.

**Action Required:**

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

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

Our chefs are continuing to meet with all new residents within three days of their admission to ascertain their likes and dislikes.

The chefs have also commenced individual meetings with existing residents to review their preferences and any special requirements.

The resident's monthly council meeting has a menu review on the agenda permanently. Fish (including oily) is now on the menu twice a week and is available as one of the options on all other days.

Fresh fruit salad is now offered at the morning tea breaks.

A variety of drinks including juices, milk and cordials is offered at all meal and break times.

**Proposed Timescale:** 22/04/2014

**Theme:** Person-centred care and support

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

Although there was a choice available at meal times, residents were not informed or asked for their preference.

**Action Required:**

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

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

Residents are now being told at the start of the service what the menu choices are, prior to being served. Sauces and gravies are offered with the meal now and not pre-served. Dessert choices are presented prior to serving.

A review of our total catering service is presently being carried out with the aim of providing a more cohesive and better supervised service which will ensure food is attractively served and at the correct temperatures. All areas are being assessed to see what can be improved upon.

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

**Theme:** Person-centred care and support

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

The special diet sheet although recently revised did not include all special diets in place, for instance high roughage fortified or hi calorie diets.

**Action Required:**

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

The dietary sheet already in use has been revised and clarified to include high roughage, high calorie-high protein, fortified and dairy free diets.

Each resident is served with the food and drink appropriate to their needs and if required on the advice of a dietician and SALT.

**Proposed Timescale:** 15/05/2014

**Theme:** Person-centred care and support

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

Where resident's missed a meal when away for any reason, for example at hospital appointments, there were few options on return, either tea and toast or sandwiches only

**Action Required:**

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

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

A meal has always and will continue to be, kept for all residents absent at meal times. This is offered to the resident on their return and there is also the option of sandwiches, salad or fruit. We will ensure residents and their families are aware of this.

**Proposed Timescale:** 15/05/2014

**Theme:** Person-centred care and support

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

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

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

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

A review of the food and nutrition policy is currently taking place. Meat portions are now coming from the butcher in 75g sizes and the other portion sizes are in the process of being made uniform to ensure more accurate recording on food intake sheets.

Residents food charts will be audited weekly.

On completion of this staff education will be done and monitored thereafter.

**Proposed Timescale:** 30/05/2014