

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hazel Hall Nursing Home
Centre ID:	ORG-0000049
Centre address:	Prosperous Road, Clane, Kildare.
Telephone number:	045 868 662
Email address:	samantha@hazelhallnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Esker Property Holdings Limited
Provider Nominee:	Samantha Boylan
Person in charge:	Tessy Ouseph
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	6

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 judgements 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 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: 20 March 2014 10:00 To: 20 March 2014 18:00

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of this monitoring inspection, the inspector met with residents, relatives and staff members, including the person in charge and the nominated provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector was concerned that improvements were required in a number of areas in order to bring about substantial compliance with the requirements of 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.

The arrangements for person in charge were not satisfactory. The person in charge did not provide sufficient clinical leadership and oversight in relation to a number of clinical areas. The management of nutrition, pressure area care and restraint required significant improvement. Clinical assessments, care planning and other documentation were not maintained up-to-date. Incidents, which were required to be reported to the Authority, had not been reported by the person in charge. Areas for improvement in the management of medication and the management of the mealtime experience were also identified.

The levels of staffing were found to be sufficient to meet the needs of the residents and residents had good access to the general practitioner (GP) and other allied health professionals. Adequate provision had been made to facilitate meaningful

engagement for residents.

Prior to this inspection the Authority received unsolicited information of concern. The information provided related to a number of issues including the care provided to residents, hygiene and infection control. These matters were investigated during the course of this inspection. The inspection findings are discussed further in the body of the report and in the Action Plan at the end of the report.

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

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The requirements for person in charge were not met. The centre's permanent person in charge left this position in late 2013 and since that time a series of deputising arrangements had been put in place. At the time of this inspection one of the clinical nurse managers (CNM) was fulfilling the role of person in charge in a full time capacity. This change had been notified to the Authority. She was referred to in the centre as the acting person in charge. While she met the requirements, with regard to qualifications and experience, the inspector had a number of concerns in this area.

The current person in charge was a registered general nurse. She worked full-time in the centre since 2007 and took up her current role in November 2013. She had the relevant length of experience required by the Regulations. She participated in ongoing professional development by attending study days covering topics such as end of life and catheterisation.

While she demonstrated a commitment to meeting the requirements of the Regulations and the Authority's Standards, this was not evident in practice. The inspector was concerned that the management arrangements were insufficient to ensure that the assessed needs of residents were consistently met. There were weaknesses in her knowledge of a number of clinical risks in the centre, for example with regard to the management of nutrition and wound care as described under outcome 11. The inspector was also concerned that person in charge did not have sufficient oversight of these

clinical conditions as a large number of documents including clinical assessments and care plans had not been maintained up to date and did not guide consistent care.

The inspector was concerned that the person in charge did not demonstrate a full understanding of her responsibilities under the Regulations as evidenced by her failure to notify the Authority of significant events in the centre. This is described in outcome 9. The inspector spoke to the person in charge regarding her knowledge of the Regulations and Standards and found that there were deficits in her knowledge.

The current person in charge was supported in her role by one of the senior nurses who was referred to in the centre as the acting clinical nurse manager. The CNM participated fully in the inspection process and demonstrated satisfactory clinical knowledge. The CNM knew the residents well and demonstrated understanding of her roles and responsibilities under the Regulations.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse.

The person in charge and the provider were very knowledgeable with regard to the protection of vulnerable adults. A policy relating to elder abuse and whistle-blowing was in place and was sufficiently detailed to guide staff in the event that an allegation of abuse was made.

All residents spoken with said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff members were required to attend this training annually. The inspector reviewed the training records which showed that all staff had up to date training.

The inspector reviewed the systems in place for safeguarding residents' money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. A locked, safe was provided for this

purpose and the key was held by the nurse in charge. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy in place which had been updated in response to the findings of the previous inspection. It described the procedures in place for the identification and management of risk in the centre and the inspector saw minutes of meetings which showed that these procedures were being implemented. Documented health and safety audits were carried out by the designated health and safety representative and were shown to the inspector.

There was a safety statement in place which had been updated in November 2013. There was also a centre specific risk register in place which recorded the identified risks for the centre and the associated control measures. The risk register was maintained up-to-date by the health and safety representative who was responsible for carrying out risk assessments. The inspector identified some areas of the external environment which had not been risk assessed and the provider undertook to address this at the time of inspection.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. The inspector found that the centre was maintained in a clean condition at the time of inspection.

A small number of residents were smokers. There was an internal smoking area which was adjacent to the dining area. The smoking room had been risk assessed and the associated control measures entered in the risk register. Individual risk assessments were also carried out for the residents who smoked and the provider informed the inspector that she had recently introduced one on one supervision for all residents while smoking. A smoking apron was provided for the use of those residents who required this.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre, alternative accommodation and transport.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required.

The inspector reviewed the fire safety procedures and found that there were satisfactory systems in place. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. A weekly in-house check on fire exits and the fire fighting equipment was also carried out. The training records and training matrix showed that all staff had attended annual fire safety training and monthly fire evacuation drills were carried out. All staff members spoken to by inspectors were able to describe the correct procedure to follow in the event of a fire.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available to all relevant to staff.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that policies and processes were in place for the safe management of medications, however, some improvements were required.

There was a medication management policy in place which had been updated in response to the previous inspection and provided detailed guidance to staff. The inspector reviewed the medication records for a sample of residents and found evidence of good practice in a number of areas. However, it was noted that in some cases staff were administering crushed medications which had not been prescribed as such.

Medications were stored appropriately. Staff undertook annual on-line medication

training and records of this were shown to the inspector. Regular audits were conducted to ensure safe procedures, however they had not identified the discrepancies identified by the inspector. The person in charge revised the audit template at the time of inspection in order to address this.

Appropriate systems were in place for medications that required strict control measures (MDAs). The inspector found that appropriate recording systems were in place and these medications were securely stored.

Outcome 09: 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents required improvement. The person in charge said she was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. However, the inspector was concerned that, in the case of resident who had experienced pressure sores, these events had not been notified to the Authority. The inspector was not satisfied that there was an adequate system in place to ensure that all such events were notified to the Authority.

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 - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

A number of improvements were required to ensure that the satisfactory management of residents' clinical needs.

The inspector reviewed a sample of residents care plans and clinical risk assessments and found that a significant number had not been updated at the required three monthly intervals or when there was a change in the condition of the resident. For example, in the case of a resident who had experienced weight loss and had been seen by the dietician, there had been no update to the care plan since November 2013 and the instructions of the dietician had not been included. The inspector was also concerned to note that the instructions of the speech and language therapist (SALT) regarding the appropriate food consistency had not been updated in the dietary communication book maintained in the dining room. Therefore up to date instructions were not in place to guide staff in the delivery of consistent care. Other improvements were required. For example, in the case of a resident who had been indicated for weekly monitoring of body weight, the inspector found that this had not been carried out.

The inspector was also concerned in the case of residents' who required PEG (percutaneous endoscopic gastrostomy) feeding, where residents are delivered nutrition directly into the stomach via a tube. Satisfactory, updated, care plans were not in place for each of these residents and clear instructions regarding feeding regimes and the management of the PEG site were not in place. The inspector spoke to staff who described satisfactory practices in relation to this area. However, there was a risk that the lack of appropriate documentation could lead to inconsistent care in this area.

Pressure area care was not satisfactory. A number of residents who were identified as being at a high risk of developing pressure sores had been provided with pressure relieving mattresses. However, there was no system in place to ensure that these mattresses were set correctly. In the case of certain types of mattresses the person in charge did not know which settings were appropriate for residents' particular body weights. The inspector was concerned that incorrectly adjusted mattresses could increase the risk of skin break down in some cases.

As highlighted in outcome nine the inspector was concerned that some residents had experienced pressure sores which had not been notified to the Authority. The inspector found that while actions had been taken to meet the needs of these residents, the documentation was poor and did not demonstrate that pressures sores were being treated on a consistent basis in line with a defined wound management plan. In the case of a resident who had four different pressure sore sights, the care plan had not been maintained up to date and did not guide the resident's care. There was no individual wound management plan in place for each of the wounds in accordance with the centres policy. There were large gaps in records relating to dressing changes and the management of these wounds. Regular photographs, for the purposes of tracking the progress of the wound sites, had not been maintained in accordance with the

centre's policy.

The inspector reviewed the use of restraint and found evidence of some good practice, however, improvement was required. A restraint assessment and appropriate consultation was carried out prior to using bedrails. Regular checks were carried out on all residents who used bedrails. However, no restraint assessment or risk assessment was carried out in the case of residents who were using lap belts while in the sitting position. Similarly a restraint release records was not maintained for these residents.

The person in charge reported that there were only a small number of residents who exhibited behaviours that challenge. The inspector noted a calm and relaxed atmosphere on the day of inspection. However, care planning in relation to those residents who sometimes exhibited behaviours that challenge was also not satisfactory. The care plans did not identify the triggers to the behaviour and the methods used to calm the resident in accordance with the centre's policy requirements. Behaviour monitoring charts were also not in use in accordance with the policy.

Satisfactory practice was noted in relation to falls management. Residents who experienced a fall had a post fall assessment carried out by the physiotherapist and interventions to prevent further falls were considered. Residents who were at a high risk of falls had interventions such a low beds and hip protectors. One resident was using an alarmed mat, to alert staff when the resident was at risk of falling. The provider said that she was considering introducing more of these.

There was good access to the GP and to allied health professionals whenever residents required their services. Two physiotherapists were employed in the centre on a full time basis and residents had access to their services at no additional charge.

Residents had opportunities to participate in meaningful activities and the activity programme included pet therapy, outings and some exercise classes. Biographical information and social assessments were carried out in order to determine residents' interests and inform the schedule. Two activities coordinators were employed in the centre. One of these staff members was undertaking a third level course in dementia and had developed individual activities programmes for residents with dementia based on functional behaviour profiles. Two secure gardens, including a sensory garden was provided. Residents spoken to by the inspector said that they enjoyed going out to these areas very much.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was not satisfied that all residents received a diet which met their needs.

The inspector observed the evening meal and spoke with some residents who stated they were very happy with the food on offer. The food offered to these residents was hot and attractively presented. However, in the case of residents who required a modified consistency diet, these residents did not have the same choice as the majority of other residents. On the day of inspection the inspector observed a resident with dementia being assisted to eat mashed potato blended with soup. Another resident who was being assisted was offered scrambled eggs blended together with beans into a pureed consistency. Both of these meals looked bland and unappetising. This matter was brought to the attention of the provider who said that these practices were not in accordance with recent training which had been given to the staff and she undertook to address it.

Residents who required assistance with eating were assisted in a sensitive way. The inspector spoke to staff members who were assisting residents who reported that they had attended training in dysphasia. These staff members demonstrated understanding of safe practice in this area, including the correct positioning of the resident who had swallowing difficulties.

The inspector visited the kitchen and spoke to the chef. The chef was knowledgeable regarding those residents who special dietary requirements. A record of residents dietary needs was maintained in the dining room and the chef said that she referred to it for guidance. However, as highlighted under outcome 11 these instructions had not been maintained up to date.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day with a minimum of two nurses on duty at all times. The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice. Staffing levels were based on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs.

There was a written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. A system of staff appraisals was in the process of being introduced at the time of this inspection. The provider said she intended to use this structure to support staff and indentify training needs.

Two volunteers were attending the centre at the time of inspection. A personnel file had been maintained for each of the volunteers, which included three references and a copy of Garda Síochána vetting.

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:

Gary Kiernan
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:	Hazel Hall Nursing Home
Centre ID:	ORG-0000049
Date of inspection:	20/03/2014
Date of response:	17/04/2014

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 03: Suitable Person in Charge

Theme: Leadership, Governance and Management

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

The requirements for person in charge were not met.

Action Required:

Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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

Recruitment for the permanent position of person in charge commenced at the earliest possible opportunity in December 2013 as notified to the Authority. The incoming permanent person in charge commences on 9th June 2014 as notified to the Authority. Appropriate monitoring and guidance will be provided to the acting person in charge in the interim. Issues arising during inspection have been addressed and rectified by the

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

management team, which would welcome an early follow up inspection in order for the team to demonstrate such rectification and further improvements to the Inspectorate.

Proposed Timescale: 09/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Improvements were required with regard to the administration of crushed medications.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The Medication Management Policy in place on the day of inspection clearly outlines the requirements and guidelines for the Administration of Crushed Medicines. The Medication Management Policy, which includes an amended audit as viewed by the Inspectorate was re-circulated immediately following inspection to all RGN staff who signed to confirm they read and understood the document.

Proposed Timescale: 17/04/2014

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

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

Pressure sores were not notified to the Authority in line with requirements.

Action Required:

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

Relevant notifications regarding pressure sores were submitted to the Authority immediately following inspection. Comprehensive guidelines on the reporting of notifiable events were issued by the management team to those responsible for reporting such events.

Proposed Timescale: 17/04/2014

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:

A high standard of evidence based care was not provided in relation to nutritional management, PEG feeding, wound management, the use of restraint and behaviours that challenge.

Action Required:

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

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

The policies related to Nutrition and Hydration, Wound Management and Management of Behaviours that Challenge which were in place on the day of inspection provide clear guidance to staff. These policies were re-circulated following inspection to staff who signed to confirm they read and understood them. All care plans for residents who require PEG Feed are audited and evidenced to contain up to date PEG Feeding Maintenance Regimen. All Wound Management Plans are audited and evidenced to be in line with policy. The Restraint Policy was amended to include a risk assessment and guidance for the use of lap belts and was circulated to staff who signed to confirm they read and understood the policy. A copy of the amended policy was submitted to the Authority. All care plans for residents using lap belts are audited and evidenced to be in line with amended policy. All care plans for residents with Behaviours that Challenge are audited and evidenced to contain ABC behaviour monitoring logs in line with policy. Strict controls are now in place, which are supported by revised and systematic auditing practices, and monitored by the management team.

Proposed Timescale: 17/04/2014

Theme: Effective Care and Support

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

Residents' care plans were not kept under formal review in response to residents' changing needs. Care plans were not reviewed at three monthly intervals.

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 Assessment and Care Planning Policy, which was in place on the day of inspection provides clear guidance to staff. This document was recirculated to all relevant staff, who signed to confirm they have read and understood the policy document. All assessments and care plans are accurate and up to date. Strict controls are in place,

supported by amended, systematic auditing, and monitored by the management team.

Proposed Timescale: 17/04/2014

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:

The mealtime experience for residents who required modified consistency diets was not managed satisfactorily.

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:

Following inspection, the management team held discussions with chefs who agreed to revise supper menus to ensure that all residents, including those who require modified consistency diets, can avail of the hot dishes of the day, as per resident choice. Menus are amended to reflect same and implemented. Chefs agreed to immediately implement appropriate food presentation as per the training provided to them. All information available to kitchen staff regarding the dietary needs of each individual is accurate and up to date. This is now strictly controlled and under systematic auditing by the management team.

Proposed Timescale: 17/04/2014