<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cahermoyle House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000412</td>
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<tr>
<td>Centre address:</td>
<td>Ardagh, Limerick.</td>
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<tr>
<td>Telephone number:</td>
<td>069 76105</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@cahermoylehouse.com">info@cahermoylehouse.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Candor Assets Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin Lynch</td>
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<tr>
<td>Person in charge:</td>
<td>Deirdre Reddy</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
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<tr>
<td>Support inspector(s):</td>
<td>Mary Moore</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>30</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>14</td>
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</table>
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: 27 May 2014 08:30
To: 27 May 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
<th>Outcome 10: Reviewing and improving the quality and safety of care</th>
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<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of a thematic inspection which was planned to focus on two specific outcomes; end of life care and food and nutrition. A number of issues were identified on the day of inspection that required attention which resulted in inspectors looking at aspects of other outcomes.

In preparation for the inspection, providers attended an information seminar, received guidance and completed self-assessment questionnaires relating to both outcomes to determine the level of compliance of the service in their centre. In the self-assessment questionnaire on both food and nutrition and end of life care, the person in charge had determined that the service in the centre was at the level of minor non-compliance.

Inspectors found the service in the centre was at the level of minor non-compliance in relation to the food and nutrition outcome and at the level of moderate non-compliance in relation to the end of life care outcome.

Prior to the on-site inspection, the inspector reviewed the self-assessment questionnaires and policies relevant to both outcomes submitted by the person in charge. On the day of the inspection, the inspector reviewed the centre's documentation pertaining to both outcomes and met with residents and staff and observed practice of the staff on the day. Inspectors completed a number of surveys relating to food and nutrition with residents. Inspectors also reviewed a survey questionnaire returned by a relative of a resident who had passed away in the
centre. The questionnaire received indicated a high level of satisfaction with the care that the relatives' loved one had received in the centre at the end of their life.

Inspectors identified two major non-compliances relating to risk management that presented a potential risk to the health and safety of residents during the inspection. The first concerned the use of an inappropriate restraint (a damaged lap-belt). Action was taken during the inspection to ensure the safety of the resident and the provider was issued with an immediate action plan. The provider responded within the allocated time-frame and took appropriate action to address the non-compliance, including for example, to review all restrictive practices and the condition of all restraints in the centre. The second related to unsecured access to an upstairs outdoor balcony. This issue had also been identified during a previous inspection. Inspectors brought this to the immediate attention of the nurse in charge (the assistant director of nursing or ADoN) who took immediate action to secure the access door.

With respect to the outcomes relating to end of life care and food and nutrition; inspectors found that overall, the residents' end of life care and nutritional needs were substantially met and inspectors found evidence of good practice across both outcomes.

Inspectors found that improvements were required in relation to staff training and supervision systems and also; care planning, including that for end of life and food and nutrition, to reflect the good practice that was being delivered and this will be discussed further in the body of this report and the action plan at the end.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>
| **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

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

**Findings:**
Inspectors identified two major non-compliances relating to restrictive practices and unsecured access that presented a potential risk to the health and safety of residents during the inspection.

Inspectors observed a practice in relation to the management of restraint that put residents at immediate risk. Inspectors observed one resident who was inappropriately
restrained in a chair as the buckle of the restraint (a lap-belt) had broken and had been tied together using a knot. Inspectors observed that the resident, who was unattended at the time, was attempting to rise from his chair and was at risk of slipping and sliding down in the chair. As the belt was knotted, it would not have released in such a circumstance, which carried the potential risk of injury e.g. of entrapment. Inspectors brought this to the immediate attention of staff at the time who immediately attended to the resident. The provider was issued with an immediate action plan. The provider responded within the allocated time-frame and took appropriate action to address the non-compliance, including a review of all restrictive practices and the condition of all restraints in the centre.

Inspectors observed unsecured access to an upstairs outdoor balcony. This was a major non-compliance as it presented a risk to the health and safety of residents as it carried the potential risk of falling from a height. This issue had also been identified during a previous inspection. Inspectors brought this to the immediate attention of the ADoN who took immediate action to secure the access door. An inspector reviewed the risk register and found that a specific risk assessment of access to the upstairs outdoor balcony had not been completed as would be expected given the level of risk present. A general risk assessment relating to access of unattended areas was in place; however the control measures that specified to keep areas locked when unattended had not been implemented by the provider.

**Judgement:**
Non Compliant - Major

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**Outcome 10: Reviewing and improving the quality and safety of care**
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

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

**Findings:**
Inspectors found that a system had not been put in place to review and improve the quality and safety of care in the centre, in consultation with residents and their representatives and the production of a report arising from such a review, as required by the Regulations. With the exception of medication management audits, there were no other audits in the centre. This issue was identified at a previous inspection in 2012. The lack of review on key areas meant that the provider had not identified the significant issues in relation to restraint management and risk management such as the recurrence of the risk in relation to the access to the upstairs outdoor balcony.

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

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

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:
The inspector found that the residents' received a good standard of care that met their healthcare needs but the good practice that was undertaken in relation to the comprehensive nursing assessment of needs was not translated into care plans.

Inspectors reviewed a sample of residents’ files in both hard and soft format. Of the sample files reviewed; inspectors found that comprehensive nursing assessments had been completed for each resident. The health and social care needs of each resident was assessed every three months, as required by the Regulations.

While there was evidence of care planning in the nursing assessments, the care planning documentation in use required development as it did not meet all of the requirements of the Regulations and documentation was not reflective of the good care delivered. For example, a care plan had not been completed for a resident with communication difficulties or a recently admitted resident with swallowing difficulties. Inspectors spoke with care staff and kitchen staff and found that they were knowledgeable about the needs of those residents. However, this information had not been translated into a care plan. The Regulations require that that the arrangements to meet each resident’s assessed needs are set out in an individual care plan, which is in turn used to direct the care to be given to each resident and ensure that this is done in a consistent way. This was discussed with the assistant director of nursing (ADoN) on the day of inspection and subsequently, both the provider and person in charge.

There was no evidence of resident input into assessments that had been completed, where practicable, as required by the Regulations.

A range of clinical risk assessments were completed using validated tools including in relation to the risk of pressure sores and malnutrition, which were being reviewed on a regular basis. Some risk assessments were not completed as expected, for example a pain assessment tool was available but was not being used for a resident on a controlled drug for pain.
Residents had access to a general practitioner (GP) and there was evidence that the residents’ medical needs were being met in a timely manner. Residents had access to other medical practitioners including psychiatric, oncology, surgical and ENT (Ear Nose and Throat) consultants. Records of appointments, referrals and reports were maintained in the residents’ files.

Inspectors found that comprehensive nursing and medical notes were being maintained. Regular health checks were completed as required, including regular weights, blood sugar monitoring and other observations. Blood tests were sent for analysis as necessary and reports were maintained in residents' files. A resident’s right to refuse treatment was clearly documented in their notes.

Judgement:
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:
No actions were required from the previous inspection.

Findings:

Overall, inspectors found evidence of good practice in meeting the physical, emotional, social and spiritual needs of residents. Improvements were required in relation to advance care planning and documentation.

The centre had a written end of life policy that was in date. The policy required development in a number of areas, including in relation to planning for end of life and how to meet the full range of residents' needs towards the end of their lives. Inspectors spoke with staff who were able to describe the procedures that were in place to follow before, during and after death, as outlined in the policy.

Inspectors reviewed a sample of eight files of current residents and found that the end of life preferences of only one resident was documented. Care plans are discussed further under Outcome 11: Health and Social Care Needs and the resulting actions.

Inspectors reviewed the files of two residents who had passed away and found evidence of good practice. The residents' wishes about how they chose to spend their final days were clearly documented and had been fulfilled; relatives were supported to be with their loved ones; nursing staff had identified when a resident's condition was deteriorating and had intervened and; frequent review and input from the GP was documented.
Inspectors did not find documentary evidence of discussions relating to the identification and facilitation of a resident’s preference for place of death.

Inspectors found that religious and spiritual practices were being facilitated in the centre. Inspectors found that residents from different religions were supported to practice their religion. Inspectors reviewed files of residents who had passed away and found that their individual religious and spiritual needs had been met, for example, a request for a particular priest known to the resident to visit them at the end of their life was facilitated.

Inspectors found some arrangements were in place to avoid unnecessary transfer to hospital, such as active medical input. Other arrangements were not in place, such as nursing staff trained in the administration of medication via a syringe driver or subcutaneous injection. The ADoN confirmed that there were no medications administered via syringe drivers nor were there any medications or fluids administered subcutaneously in the centre.

Support from the palliative care team was available for residents if required. There was no resident in the centre requiring that service at the time of inspection.

All residents were accommodated in single rooms. Family and friends were facilitated to be with residents in their final days. The centre had a policy of non restrictive visiting times. Family could choose to stay overnight if they wished in one of the spare rooms; staff were able to describe how families usually prefer to stay late in the evening and return early the following morning and that this is facilitated. A relatives survey confirmed that relatives had been offered the opportunity to stay overnight and had been offered refreshments.

Archived records demonstrated that arrangements were in place relating to the verification and certification of death. Specific arrangements were in place to ensure dignity and respect during such times, for example, staff described how they would maintain a quiet atmosphere and how special linen was used. The inspector spoke with staff who described how the resident can be ‘waked’ in the oratory and that residents are given the opportunity to pay their last respects, should they so wish. An inspector spoke with a resident who confirmed such an arrangement.

There were arrangements in place to ensure that the removal of remains occurred in consultation with families. A relatives survey confirmed that relatives were facilitated to remain with their loved one until their remains were brought from the centre, should they so wish.

There were arrangements in place for the respectful return of resident’s belongings and this was done in an unhurried way. Staff were able to describe practices that demonstrated a sensitive approach.

Inspectors spoke with staff who confirmed that they were supported by the ADoN and the person in charge following the death of a resident. Staff described how they supported other residents following a death in the centre. Staff described arrangements
in place to respectfully remember those who had passed away. For example, a memorial to those who were recently deceased was displayed in the oratory, with each deceased resident’s name and date of passing. Inspectors viewed the memorial.

Staff had not received any training in end of life care. The inspector spoke with staff who were able to describe good practice around the time of death and following death. However, staff did not display an awareness of the importance of advance care planning for end of life, which is necessary to ensure that residents' individual choices, preferences and wishes are identified and documented.

On the day of inspection, the inspector found that overall there were sufficient numbers of staff on duty to meet the needs of the residents.

**Judgement:**
Non Compliant - Moderate

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**Outcome 15: Food and Nutrition**

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
A policy was in place in the centre relating to nutrition and was within its review date. Ancillary policies were available and were within their review dates, including: communication with catering and non-catering staff; food preparation and; access to the kitchen.

Inspectors reviewed a sample of residents’ files in both hard and soft copy and found that each resident’s food, nutrition and hydration needs were assessed or screened at admission and the assessment included an oral health assessment. Comprehensive nursing assessments were completed for each resident every three months. Inspectors found that each resident had a risk assessment completed of their risk of malnutrition, which were reviewed on a three-monthly basis.

Inspectors found that improvements were required in the care planning documentation. Inspectors found that not all residents with specific nutritional needs had a care plan and there was no evidence of resident input where practicable into assessments or care plans, as required by the Regulations. This has been further discussed in Outcome 11: Health and Social Care Needs and the resulting action.

Inspectors found that comprehensive nursing and medical notes were being maintained.
Monthly weights of all residents were monitored. The inspectors found evidence that where issues of nutritional issues were present, they had been identified and appropriate action had been taken. For example, a resident with excessive weight-loss had been referred to a dietician.

Residents had access to medical professionals where relevant to managing swallowing difficulties, including for example surgical and oncology services.

Residents had access to allied health professionals including dental, dietetic, and speech and language therapy (SALT). A folder was maintained in relation to SALT reviews for five residents’ with assessments relating to feeding, eating, drinking and swallowing (known as FEDS guidelines) completed in September 2013. However, the folder did not contain information pertaining to more recently admitted residents with specific dietary needs. Inspectors spoke with staff and they were aware of the SALT folders and where to access the information. However, not all staff were able to describe the contents of the SALT reviews. For example, one staff member was not aware that bread was not recommended for a particular resident on a modified consistency diet.

Inspectors spoke with staff and found that they knew the residents well, including their likes, dislikes and preferences. Staff were aware of problems they would observe for at mealtimes, including loose dentures, complaints of pain, reduced appetite or reluctance to eat. Staff were aware of the importance of reporting and recording such observations.

The dining area was observed to be bright and spacious. Residents had the choice of where and when they dined and the inspector observed residents taking breakfast at different times. Inspectors spoke with residents who confirmed that they took meals in different areas, including the dining room, living room and their bedrooms.

An inspector found that salt was added in the kitchen to the porridge, without determining whether residents choose to have salt added to their food or whether there were health implications for individual residents from this practice. When the inspector sampled the porridge, it was extremely salty.

There was plenty of choice on the menu and staff were observed to offer choice to residents in relation to which foods or drinks they would prefer. An inspector sampled the food at lunchtime and found that it was well cooked and appetizing. Modified consistency foods and pureed foods were presented in a visually appealing way.

Where residents required assistance, this was done in an appropriate and discreet manner. Staff sought feedback from residents throughout the meal, such as whether residents needed anything and had enough to eat.

However, the inspector noted that disposable plastic aprons were used as napkins, which were unattractive and did not promote the dignity of the resident.

The inspector completed a small number of surveys on the day and spoke with residents who confirmed that snacks and drinks were available whenever they were needed. Inspectors observed a plentiful supply of hot and cold drinks throughout the day and
where residents required assistance, staff sat with residents and took the time needed to provide such assistance.

The kitchen was clean and well organised on the day of inspection. The fridge and freezer were adequately stocked with fruit, vegetables and dairy products. A monthly menu cycle was planned and maintained. Menus demonstrated that the residents received a varied diet. Home baking took place two or three times per week and the inspector observed breads and scones that had been baked and stored in the freezer. The chef demonstrated that the food was nutritious, for example, the inspector observed home-made vegetable soup being prepared consisting of a wide variety of different vegetables and all meat and vegetables were sourced locally.

The menu for the day was written on a white-board in each dining area. The food options on the day corresponded with the menu for that day and there was a system in place to ensure that residents had a choice of foods or could have something of their own choosing.

Breakfast and lunch was staggered with different sittings depending on the level of dependency of the residents. An inspector observed that it was quite busy at breakfast time with one kitchen staff getting breakfast for seven residents at one point, who was finding it difficult to respond to residents in a timely manner. At lunchtime, the inspector observed that there were suitable staffing levels with four staff available to assist five residents with higher dependency levels.

Inspectors viewed staff training records and found that a food and nutrition-related instruction session had been organised recently in relation to modified consistency diets and the thickening of fluids, which had been delivered by a representative from a food supplement company. Approximately one-third of staff attended this session and a further session was planned. Inspectors spoke with staff and found that some staff who had not received the training were not able to describe how to thicken foods correctly. For example, staff were not able to correctly describe how long thickened foods should sit for before serving.

The inspector spoke with the chef and found that he was knowledgeable about the residents different diets, their likes, dislikes and preferences. A list of residents on with special dietary needs was visibly located in the kitchen. However, this had not been updated to include the most recently admitted resident (admitted more than three weeks previously).

The inspector viewed the most recent environmental health officer (EHO) reports. The most recent EHO report was from 16/12/2013. There were no audits taking place in relation to food and nutrition and this is further discussed in Outcome 10: Reviewing and improving the quality and safety of care and in the resulting actions. This was discussed with the ADoN on the day of the inspection and with the person in charge the day following the inspection.

Judgement:  
Non Compliant - Minor
**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was the person in charge for two designated centres. The ADoN was deputising in the absence of the PIC two days a week and as such, was the senior nurse in charge of the centre during such times. The ADoN had a background in intellectual disability nursing and experience in that sector at clinical nurse manager (CNM1) level. Inspectors identified gaps in relation to oversight and monitoring of systems and practices, including for example ensuring that care plans were being developed and monitored. The ADoN had not completed further training relevant to management of care of the older person. The ADoN responded in a positive way and told inspectors that she was open to undertaking any further training necessary to meet the needs of older persons in a nursing home setting.

Inspectors also identified gaps in relation to staff training, including in relation to food and nutrition and end of life care, which are further discussed under Outcome 14: End of Life Care and Outcome 15: Food and Nutrition.

**Judgement:**

Non Compliant - Moderate
**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 all the people who participated in the inspection.

**Report Compiled by:**

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centres name: Cahermoyle House Nursing Home

Centre ID: ORG-0000412

Date of inspection: 27/05/2014

Date of response: 29/07/2014

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 07: 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:
Practices in relation to the management of restraint put residents at immediate risk. Inspectors observed one resident who was inappropriately restrained in a chair, and the restraint was a significant risk to the safety of the resident.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
The restraint belt was removed from the resident in question immediately after a telephone conversation between the Inspector and the Person in Charge on the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
afternoon of 28/05/14. I have asked the Person in Charge and the Deputy Person in Charge to review all aspects of restraint management and to ensure that only appropriate equipment is in use so that the safety of our residents is not compromised.

**Proposed Timescale:** 27/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Risk management practices in place were not adequate; for example, a risk assessment of access to the access to the upstairs outdoor balcony had not been completed and the control measures that specified to keep areas locked when unattended had not been implemented.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
Following the inspector’s findings; the area in question was risk assessed and in order to further enhance the safety of our residents a second gate was added to the stairwell leading to this area and all upstairs doors are now securely locked.

**Proposed Timescale:** 21/06/2014

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system was not in place to review the quality and safety of care in the centre.

**Action Required:**
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Please state the actions you have taken or are planning to take:**
Going forward a documented audit system will be introduced, this system will review different aspects of the quality and safety of care in the Centre.
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<th>Proposed Timescale: 01/09/2014</th>
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<td><strong>Theme:</strong> Effective Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system was not in place to improve the quality and safety of care in the centre, based on a review of the service.

**Action Required:**
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

**Please state the actions you have taken or are planning to take:**
Going forward a documented audit system will be introduced, this system will review different aspects of the quality and safety of care in the Centre.

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<td><strong>Theme:</strong> Effective Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system had not been put in place to produce written reports arising from regular reviews of the quality and safety of care in the centre for the purpose of monitoring improvements in the centre.

**Action Required:**
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Going forward a documented audit system will be introduced, this system will review different aspects of the quality and safety of care in the Centre. Written reports should result from such a system.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system was not in place to review and monitor the quality and safety of care in the centre that provided for consultation with residents and their representatives.
**Action Required:**
Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

**Please state the actions you have taken or are planning to take:**
While there is no documented evidence of consultation with residents and/or their advocates nevertheless the likes, dislikes and wishes of residents are well known to the Staff here. Going forward a more formal documented review and consultation system will be put in place.

**Proposed Timescale:** 01/08/2014

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

**Theme:**
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Information gathered during the nursing assessment of each residents' needs had not been translated into a care plan, which would be developed and agreed with each resident or their representative.

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

**Please state the actions you have taken or are planning to take:**
We will conduct a comprehensive review of our Care Planning documentation and submit to the Authority a sample of a revised Care Plan.

**Proposed Timescale:** 01/09/2014

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**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:
Arrangements were not in place to elicit residents' end-of-life wishes and preferences to ensure that their physical, social, emotional and psychological needs are met.

**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:
Formal documented arrangements are not always in place to elicit our resident’s end of life care wishes. We feel that this is a delicate and sensitive area and that it may not always be possible to have this discussion with a resident/advocate. In future we will endeavour to formally document the wishes of our residents/their advocates in a timely manner.

Proposed Timescale: 01/09/2014

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:
Gaps were evident in the maintenance of documentation, for example, information relating to residents' feeding, eating, drinking and swallowing needs was maintained in different locations and formats and the list of residents on special diets was not up to date.

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:
We will review all documentation relating to food and nutrition to ensure that all the relevant information is maintained in a comprehensive and accessible manner.

Proposed Timescale: 01/09/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Salt was being added to the morning porridge for all residents without finding out whether the resident wished to have salt added or whether the adding of salt would have an adverse impact on the health of the resident.

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:
We will discuss food preparation/special diets in more detail with the Chef to ensure that all dietary requirements are catered for.
**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspection findings, including those relating to oversight, management and care practices indicated that staff and the ADoN had not received sufficient training appropriate to their roles.

**Action Required:**
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

**Please state the actions you have taken or are planning to take:**
We will conduct an analysis of the training needs of all staff bearing in mind the findings of the Inspectorate team.

**Proposed Timescale:** 01/09/2014