

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Flannery's Nursing Home
<b>Centre ID:</b>	OSV-0000341
<b>Centre address:</b>	Chapel Road, Abbeyknockmoy, Tuam, Galway.
<b>Telephone number:</b>	093 43 130
<b>Email address:</b>	mary@flannerynursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Flannery's Nursing Home Limited
<b>Provider Nominee:</b>	Kathleen Flannery
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	25

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

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

From: 01 December 2014 12:45 To: 01 December 2014 19:10

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
Outcome 16: Residents' Rights, Dignity and Consultation

**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 providers attended an information seminar, received evidenced based guidance and undertook a self-assessment questionnaire in relation to both outcomes.

The self assessment questionnaires had not been fully completed and the policies on end of life care and food and nutrition had not been submitted as required. The inspector contacted the person in charge prior to the inspection and requested the documentation be submitted. The person in charge submitted the self assessment questionnaires within the timeframe outlined by the inspector. However, the requested policies had not been submitted prior to the inspection.

The inspector reviewed the self-assessment questionnaires which were submitted to the Authority prior to the inspection. The matron who completed the provider self-assessment tool had judged that the centre demonstrated compliance in relation to both outcomes.

Prior to the inspection, the provider contacted relatives of deceased residents and asked them to complete questionnaires on their experience of care at end of life. Ten questionnaires were submitted to the Authority and all outlined families satisfaction with the care provided for their loved ones at end of life.

The inspector met residents and staff and observed practice on inspection. Documents were reviewed such as care plans and training records. Practices and

facilities were in place to ensure that residents received a high quality service at the end of life. There was an emphasis on providing care and comfort to residents at end of life and their loved ones during and following the death of a resident.

Improvement was required to the care plans outlining residents' wishes for their end-of-life care. While assessments on end-of-life care had been completed the information was not comprehensive enough to ensure residents' wishes for their end-of-life care could be accommodated.

Documentation pertaining to the resuscitation status of residents contained in end-of-life care plans required improvement. Residents' next of kin preferences outlined wishes for residents not to be resuscitated and while the matron said that this would not be followed the information needed to be clarified.

The inspector viewed the arrangements in place for ensuring residents' nutrition and hydration needs were met. Food was properly cooked and served, nutritious and varied. Assistance was offered to residents in a discrete and respectful manner.

Residents' nutritional needs were assessed and their needs and preferences were recorded and facilitated. A nutritional assessment tool was not being used and care plans showed that not all residents' weight loss had been identified and responded to with required referral to dietetic services.

The chef and kitchen staff had up to date accurate information pertaining to residents' dietary requirements and preferences.

Residents had good access to the general practitioner (GP) and allied health professionals such as the dietician, chiropodist and physiotherapist. Improvement was required to the provision of access to speech and language therapy. The centre was in the process of addressing this.

Residents provided feedback to the inspector, regarding food and meals, which was very positive. The inspector sampled the lunchtime meal and found the food was flavoursome, suitably heated and nicely presented.

The menu was displayed in written format on the dining room tables. Improvement was required to the provision of a visual menu for residents who were unable to read and/or understand the written menu.

Care plans clearly outlined residents' requirements in regard to food and nutrition and oral health needs. While access to dental services in the event of an identified need was facilitated improvement was required to the provision of routine professional dental care.

Some staff had received training to ensure they were appropriately skilled to support and care for residents in regard to end of life care and food and nutrition.

The findings are discussed further in the report and improvements required are included 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not fully inspected on this inspection. The outcome was inspected in regard to Food and Nutrition and End of Life Care.

Food and Nutrition:

Processes were in place to ensure residents did not experience poor nutrition and hydration but they were not always adhered to. Nutritional screening was not carried out using an evidence-based screening tool and this undermined the processes in place to ensure residents did not experience poor nutrition.

The inspector viewed assessments and care plans and found that a nutritional assessment tool had not been completed to identify residents at risk of malnutrition. While the majority of residents who required additional nutritional support had been supported to receive timely intervention not all residents who had lost weight had been identified as requiring support.

This resulted in residents at a high risk of malnutrition not receiving intervention and weight loss had not been addressed in a timely manner.

Regular weight monitoring was carried out monthly, however there was no evidence that residents who had lost weight had their weight monitored on a more frequent basis. Improvement was required to ensure residents experiencing weight loss were monitored closely.

Some improvement was required to ensure all residents who required speech and language therapy services were supported to access these services. Not all residents who were receiving a modified consistency diet had an assessment showing the diet was

prescribed by a speech and language therapist.

The matron told the inspector the centre had sourced a company which would be providing a speech and language therapy service on a six weekly basis. This was due to commence in the coming weeks. The matron conceded that a number of residents required this service and said she had asked the company to prioritise the centre.

Access to dental care required improvement. While residents were supported to access dental care where a concern was noted by care staff or nurses the access to routine reviews by dental professionals was not being facilitated.

Improvement was required to care plans to ensure all identified assessments had a care plan in place. Assessments had been carried out on residents' risk of developing pressure ulcers and some residents were identified at high risk. While interventions were in place to ensure residents did not develop pressure ulcers, and no residents had a pressure ulcer on the day of inspection, there was no care plan in place to ensure that appropriate interventions were being used and were reviewed to ensure they were meeting residents' needs.

#### End of Life Care:

A sample of residents' care plans identified next of kin wishes for residents not to be resuscitated. The matron told the inspector the information in the end of life care plan would not be followed unless it was clearly a clinical decision. The inclusion of this information in the end of life care plan had not been identified as a risk. The matron told the inspector this would be reviewed to ensure clarity.

#### Care plans:

The care plans viewed had been commenced in August 2014. The matron said that the centre had been using a computerised system for eight months and found it did not meet their needs. The centre made the decision to return to a paper based system.

While most assessments and care plans clearly identified the interventions required to support residents' assessed needs some improvement was required to care plans.

Improvement was required to the completion of some residents' care plans. The inspector viewed a sample of care plans and found that some care plans did not contain a date of completion and the information in some care plans conflicted with information in other parts of the resident's file. For example, information pertaining to a resident's cognitive ability was inconsistent in a care plan.

The language used in some care plans required improvement to ensure they provided clear and detailed guidance for staff. Words such as 'frequently' and 'regularly' were used to refer to the frequency of interventions such as access to chiropody and repositioning while in bed.

A care plan showed that an item which a resident was queried to have an allergy to had been used. There was no clear rationale as to who had made the decision to use the item and the information given to the inspector did not clearly show why this intervention had been used when both a care plan and the resident's prescription sheet identified the resident as possibly having an allergy to the item. This was brought to the immediate attention of the provider/person in charge and the matron of the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was an end-of-life care policy and this was reviewed by the inspector following the inspection.

The policy included an outline of the centre and staff response to the death of a resident . It also included the measures to be taken following the death of a resident. Staff spoken with were knowledgeable of these practices.

The policy included information regarding care of the body after death. It provided guidance for staff to ensure the care of the resident's body was in a dignified and respectful manner.

The inspector viewed end of life care plans and found they outlined some information regarding residents' end of life care wishes. However, they were not sufficiently comprehensive. The matron told the inspector the centre had recently introduced the end of life care plans and they would be expanding on the information contained in the care plans.

The person in charge showed the inspector a sample of additional end of life care plans which had been put in place when a resident was approaching end of life. The care plans identified the interventions which were to be employed to ensure residents were not in any physical pain and other physical care needs were addressed. However, the care plan outline did not outline residents' wishes for their end of life care.

The end of life care plans did not adequately address residents' wishes at end of life in areas such as physical comfort, spiritual and religious wishes and psychosocial needs.

Residents' next of kin were included in the end of life care plans. Care plans showed that residents would like family and friends with them at their end of life. However, further expansion was required as it was not clear which family members or friends the resident would like with them.

A sample of residents' care plans identified next of kin wishes for residents not to be resuscitated. This is discussed under Outcome 11: Health and Social Care Needs.

Some residents had Do Not Attempt Resuscitation (DNAR) orders. A sample of these were viewed and showed that the medical practitioner had clearly documented the decision.

Care practices and facilities were in place so that residents received appropriate and respectful end-of-life care which addressed their physical and medical needs and respected their dignity. Staff spoken with were familiar with procedures for the last rites and respectful care of the remains of the deceased person. Some staff had received training in end-of-life care.

There was evidence that medical, nursing staff and family supported each resident when they were at end of life. Access to palliative care was sourced and facilitated.

All residents who died in the previous two years were supported to have a comfortable death in the centre. The centre had strong links with primary care and community services. Residents were supported to move to a single room when approaching end of life.

Family and friends were facilitated to be with the resident when they were dying. There was an open visiting policy and suitable facilities were provided. Visitors were provided with drinks and snacks when visiting residents. Personal effects were returned at a time that suited the bereaved family.

Religious and cultural practices were facilitated. The Sacrament of the Sick was administered to residents on a monthly basis. The centre had a Roman Catholic priest who celebrated Mass weekly and attended residents who were ill or at end of life and anointed residents when requested.

While the majority of residents were of Roman Catholic faith the centre catered for all religions and the matron outlined ways in which other faiths were accommodated in the centre.

Staff confirmed that arrangements for the removal of remains occurred in consultation with the deceased resident's family. Staff told the inspector that residents were supported to pay their respects where appropriate.

The centre had carried out audits on end of life care. As a result of a recent audit the centre had implemented changes such as an annual religious service which was held for the first time in November 2014. The service was held to remember the residents who had passed away in the previous year and families, residents and staff were invited to attend.

The centre had also implemented a remembrance table when a resident passed away. A photograph of the resident and a symbol were used to show the resident had passed. The matron spoke of the positive reaction of residents to this as it assisted them in remembering the resident.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a food and nutrition policy in place which was centre specific and provided guidance to staff.

Processes were in place to ensure residents did not experience poor nutrition and hydration but required some improvement. This is discussed further under Outcome 11: Health and Social Care Needs.

A menu was in place which outlined the meal choices. A menu was displayed in writing on the tables in the dining room. However, there was no access to visual menus for residents who were unable to read and understand the menu. This is discussed further under Outcome 16: Residents' Rights, Dignity and Consultation.

The inspector observed that fresh water and other drinks were available in communal areas. Main meals were served from 6:30 hrs to 11:00, 12:30 hrs to 14:00 hrs and 16:30 hrs to 18:00 hrs and a supper was served at 19:00 hrs.

Residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector was told that snacks were available at any time and that meal times were changed to suit residents' needs and preferences. The inspector ate a meal with a resident who wished to eat at 14:00 hrs.

The inspector observed dinner at 12:45 hrs and observed the evening meal being served from 16.45 hrs. Residents took these meals in the open plan dining room and the meals were a pleasant social event. Residents who wished to eat in privacy were supported to do so in a day room or in their bedrooms.

Residents were offered two choices of main course at each meal time and individual preferences were readily accommodated. Residents were supported to eat independently and their clothing was appropriately protected. Assistance was provided in a discrete dignified manner by staff who sat with individual residents. All residents received a main meal which was hot, attractively presented and tasty with ample portions. Satisfactory numbers of staff were present to supervise and assist residents.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of resident's specific requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents for meals. Kitchen staff and other staff members were aware of those residents who had special dietary needs and food was fortified prior to the meal being served.

Staff members who spoke with the inspector were aware of residents' food preferences, likes and dislikes and this was recorded in the kitchen. Additional snacks and beverages were offered to residents. A number of residents were prescribed nutritional supplements and these were administered as prescribed.

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke with staff in the kitchen who were knowledgeable about special diets and a record detailing residents' special dietary requirements and preferences was maintained for each resident in the kitchen. The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

Residents had good access to the GP and dietetic services appointments for residents were facilitated. The care plans were implemented in practice and the inspector saw that advice from the dietician and speech and language therapist (SALT) was implemented for individual residents. There was also access to an occupational therapist and a physiotherapist where required. Some improvement was required to the access to speech and language therapy and this is discussed further under Outcome 11: Health and Social Care Needs.

While there was evidence of good practice in regard to food and nutrition the inspector found that improvement was required in some areas. These areas are included under the findings and action plan under Outcome 11: Health and Social Care Needs and Outcome 16: Residents' Rights, Dignity and Consultation.

**Judgment:**  
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not fully inspected on this inspection. The outcome was inspected in regard to End of Life Care and Food and Nutrition.

Improvement was required to ensure residents were supported to communicate. For example, there was no access to visual menus for residents who were unable to read and understand the written menu.

**Judgment:**

Non Compliant - Minor

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Lorraine Egan  
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 report<sup>1</sup>

<b>Centre name:</b>	Flannery's Nursing Home
<b>Centre ID:</b>	OSV-0000341
<b>Date of inspection:</b>	01/12/2014
<b>Date of response:</b>	07/01/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 11: Health and Social Care Needs

**Theme:**

Person-centred care and support

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

Not all identified assessed needs had a care plan in place. For example, assessments showed some residents were identified at high risk of developing pressure ulcers and there were no care plans in place.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

An audit of careplans took place to ensure that all residents with a Waterlow score of 10 or more (i.e. at low risk of developing a pressure sore) have a corresponding careplan in place.

There were 4 residents with a low risk of developing a pressure sore which required a corresponding careplan.

**Proposed Timescale:** 03/12/2014

**Theme:**

Person-centred care and support

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

Some residents' care plans did not contain a date of completion and it was therefore not evident if the care plan had been reviewed as required.

**Action Required:**

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

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

An audit of careplans took place to ensure that all careplans had been signed off and a date of creation/review noted.

There were 2 individual careplans belonging to one resident which had not been signed on date of creation.

**Proposed Timescale:** 03/12/2014

**Theme:**

Person-centred care and support

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

The information in some care plans conflicted with information in other parts of the resident's file. For example, information pertaining to a resident's cognitive ability was inconsistent in a care plan.

The language used in some care plans required improvement to ensure they provided clear and detailed guidance for staff. Words such as 'frequently' and 'regularly' were used to refer to the frequency of interventions such as access to chiropody and repositioning while in bed.

**Action Required:**

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

With regard to the careplan with conflicting information, management and nursing staff spoke to reassess, discuss and agree upon the details and extent of the residents cognitive ability and vascular dementia to clarify for all staff.

An audit of careplans took place to replace the words "frequently" and "normally" with a more specific time guideline, i.e. 2 hourly, every 3-4 hours etc.  
All staff have been educated about avoiding the use of these words in careplanning.

**Proposed Timescale:** 03/12/2014

**Theme:**

Person-centred care and support

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

Not all residents who required speech and language therapy services were supported to access these services. Not all residents who were receiving a modified consistency diet had an assessment showing the diet was prescribed by a speech and language therapist.

Access to dental care for residents required improvement. Residents had not been supported to access routine dental care on a regular basis.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Speech and language therapy assessments have been arranged for 13/01/15 in house through Nualtra and as planned, will be available to review in house approximately every 1-2 months.

Residents will continue to have oral health assessments completed at least once in every 4 months or more often if required, and will be referred to the dentist if required. Local dentist office is arranging for a routine in-house dental review in the new year. Currently awaiting confirmation of date, most likely in February or March of 2015, and have agreed to continue with these reviews on an annual basis.

Confirmation of in-house dental review date is expected by 30/12/14 (as per local dental office).

**Proposed Timescale:** 30/04/2015

**Theme:**

Person-centred care and support

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

A nutritional assessment tool had not been completed to identify residents at risk of malnutrition and not all residents who had lost weight had been identified and responded to.

There was no evidence that residents who had lost weight had their weight monitored on a more frequent than monthly basis.

Some end of life care plans outlined residents' next of kin wishes regarding resuscitation and this was not documented as a clinical decision.

A care plan showed that an item which a resident was queried to have an allergy to had been used as part of the resident's care.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We have changed our tool for monitoring of residents weights from our computer tool to the MUST scoring system.

A further dietician review is taking place on 29/12/14 and will continue to take place approximately every 1-2 months.

When warranted or requested by dietician the resident who experiences excessive weight loss or a MUST score of 2 will be weighed more frequently if required.

We have spoken with the GP about the queried allergy to an item. The GP has confirmed in writing that the resident is not allergic to the item and is happy for us to use this item in the resident's care. Subsequent careplans have been reviewed.

Where a DNAR order has been documented – which the resident was unable to request themselves or a family member next of kin has requested it - the GP will review and document as a clinical decision.

**Proposed Timescale:** 30/01/2015

**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:**

The end of life care plans did not adequately address residents' wishes at end of life in areas such as physical comfort, emotional, spiritual and religious wishes and psychosocial needs.

**Action Required:**

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

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

End of life care plan format have been edited to allow for expansion on the information which it contains, including physical comfort, emotional, social, psychological and spiritual needs at end of life.

We aim to discuss these wishes with the residents/resident representatives over the coming weeks.

**Proposed Timescale:** 30/01/2015

**Theme:**

Person-centred care and support

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

The end of life care plans were not clear regarding which family members or friends the resident would like with them at their end of life.

**Action Required:**

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

When auditing end of life careplans and reviewing them with residents and/or resident representatives we will seek further clarification about who exactly the resident would like with them at their end of life – so far as the the resident/resident representative is willing or able to answer the question at this time.

**Proposed Timescale:** 30/01/2015

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

There was no access to visual menus for residents who were unable to read and understand the written menu.

**Action Required:**

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

A folder has been created for a visual menu. Management are working with kitchen staff to compile photos of all foods/beverages.

To be completed by 30/12/14 and will continue to be added to if/when new foods appear on the menu.

**Proposed Timescale:** 30/12/2014