

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Teresa's Nursing Home
<b>Centre ID:</b>	OSV-0000293
<b>Centre address:</b>	Friar Street, Cashel, Tipperary.
<b>Telephone number:</b>	062 61 477
<b>Email address:</b>	c.carestipp@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Cashel Care Limited
<b>Provider Nominee:</b>	Michelle McCormack
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Michelle O'Connor
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	5

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
02 February 2016 09:25	02 February 2016 18:30
03 February 2016 09:15	03 February 2016 17:15

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Non Compliant - Major
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This registration inspection was carried out in response to an application by the provider to renew the registration of the centre. It was announced and took place over two days.

As part of the inspection process, inspectors met with residents, relatives, and staff

members. Inspectors observed practices and reviewed documentation such as care plans, medical records, health and safety records, accident logs, the directory of residents, policies and procedures and staff files. A fit person interview was conducted with the staff member recently appointed to the role of person in charge.

In general, residents received care to an acceptable standard; staff were kind to residents and interacted with them appropriately; and there was good access to medical and allied health care. Inspectors were satisfied that the medical, nursing and social care needs of residents were met with evidence of timely medical review and person-centred care.

Some improvements, however, were required, most notably in the area of risk management. For example, the safety statement was out-of date. There was an up-to-date risk management policy that addressed the risks specified in the regulations, however, a number of environmental risks were not addressed such as unrestricted access to stairways, access to a storage shed, and access to a tree house. In addition, recommendations contained in a report by a health and safety inspector were not adequately addressed such as the quantification of risk and identification of controls on the risk register. The designated smoking area was in a stairwell leading to an emergency exit and residents were seated in chairs while smoking, potentially causing an obstruction in the event of the need to evacuate residents.

Inspectors were not satisfied that the centre was in compliance with standards for the prevention and control of healthcare infections. For example, there were no designated clinical wash hand basins, which was not risk assessed, and there was no identified procedure to address acceptable hand hygiene practices in the absence of clinical wash hand basins. In addition there was no wash hand basin in the cleaners room and the wash hand basin in the laundry and in one of the sluice rooms were partially obstructed

Other required improvements included:

- the statement of purpose
- the residents' guide
- emergency plan
- records of the maintenance of fire safety equipment
- records of the maintenance of equipment such as hoist, beds and wheelchairs
- end-of-life care
- systems for consultation with and the participation of residents in the organisation of the centre.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose was available to staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. However, an out-of-date registration certificate copy had been included as part of the Statement of Purpose.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure with clear lines of authority and accountability for the management of the centre. The provider nominee was a director of the company and was also the manager of the centre with responsibility for day-to-day operations. The manager was supported by the proprietor, who was also a director

of the company. The directors were supported by a person in charge, who had taken up the role of PIC in October 2015 and by a deputy nurse in charge, who had worked in the centre for a number of years.

Both directors were present in the centre on a daily basis and were available to nursing and care staff to address any issues that may arise. In addition to regular informal meetings, there were formal management meetings that were usually attended by the person in charge, deputy nurse in charge and both directors. Minutes of these meetings were available and demonstrated discussions about issues such as staffing, the care environment, resources and residents care.

There was a programme of audits that included audits of medication management, infection prevention and control, care plans, accidents and incidents, hoists and fire safety. Where issues were identified, there was evidence that they were addressed. There was an annual review of the quality and safety of care that incorporated feedback on the range of audits and also proposed quality improvement initiatives for the forthcoming year.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A guide to the centre was available to all residents. However, the booklet was dated July 2012. A previous Nurse In Charge was referred to throughout and details in relation to advocacy services also required updating.

Contracts of Care were provided to residents upon admission where possible. These included conditions and services to be provided to the resident in the centre. Fees to be charged were outlined, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Substantially Compliant

***Outcome 04: Suitable Person in Charge***

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

<i>the service.</i>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A new person in charge had been appointed in October 2015 following the resignation of the previous person in charge. The new person in charge was a registered nurse, worked full time and was a suitably qualified and experienced manager in the area of health and social care. Based on discussions with the person in charge and a review of records, inspectors were satisfied that he had the required experience in the area of nursing of the older person.</p> <p>Throughout the inspection process, inspectors observed the person in charge interact with the residents in a friendly manner and it was obvious that he was familiar with each resident and they were aware that he was the person in charge.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 05: Documentation to be kept at a designated centre</i></b> <b><i>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</i></b></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Inspectors found that while operational policies and procedures were present in the centre, some gaps were evident in the maintenance of documentation as listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, the directory of Residents established under Regulation 19 was based on criteria from an older set of regulations (Nursing Homes (Care and Welfare) Regulations, 1993). Omissions included details of residents' transfer to the centre, admissions to hospital, phone numbers for next of kin</p>

or general practitioners, and cause of death.

An up-to-date record of all complaints was not maintained so it was not possible to ascertain if all complaints were addressed appropriately. This action is addressed under Outcome 13.

Due in part to the absence of a designated nurses offices, policies and procedures were not readily accessible to staff and were stored in a locked cupboard in a residents sitting rooms. Not all staff had attached their signature to policies and procedures indicating that they had read and understood them.

**Judgment:**  
Substantially Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The previous person in charge had been absent from the centre for an extended period of time and the required notification was submitted to the Authority. The current deputy nurse in charge took charge of the centre during that extended period and was also in charge of the centre whenever the current person in charge was not present in the centre.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. All staff had received up-to-date training in recognising and responding to abuse. Staff members spoken with by inspectors were knowledgeable of what to do in the event of suspicions or allegations of abuse. Residents spoken with by inspectors stated that they felt safe in the centre and relatives spoken with were complimentary of the level of care provided. Inspectors observed staff interacting with residents in a kind and caring manner. Based on discussions with residents, relatives and staff, inspectors were satisfied that there were no allegations of abuse.

Inspectors viewed a sample of residents' financial transactions and were satisfied that there were adequate records available to demonstrate that finances were managed appropriately. Receipts were available for all charges incurred by residents.

There was a policy in place for working with residents with responsive behaviour. Only a small number of residents presented with responsive behaviour and staff were seen to respond to this behaviour appropriately. Where a resident expressed a desire to leave the premises, even though this would be unsafe, records indicated the involvement of an advocate to support the resident.

There was a policy in place governing the use of restraint. The only restraint in use in the centre was in the form of bedrails and only a small number of residents had bedrails in place. There was risk assessment tool used to determine the safety of bedrails and there was evidence that where in was deemed unsafe for bedrails to be used, alternative options were explored and utilised. Records were available of safety checks while bedrails were in place.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a safety statement, however, it was out-of-date. There was a risk management policy that included all of the items specified in the regulations. There was an associated risk register that included risks such as flammable gas, electrical faults, clinical waste, bullying and smoking. However, the risk register did not address a number of environmental risks such as access to the stairs by residents, access to a

storage shed that was unsecure on the first day of inspection, access to external escape stairs in the garden, access to a tree house or steps leading from a sitting room to the conservatory. In addition to the unidentified risks, where risks were identified, they were not quantified or reassessed following the implementation of control measures and it was not detailed whether additional controls were required. This issue had been previously been identified by a health and safety inspector.

There was an emergency plan that addressed risks such as bomb threat, flooding, earthquake and fire, however, it did not address issues such as loss of electricity, water, kitchen facilities and did not identify a location for the safe placement of residents in the event of a prolonged evacuation.

Hand hygiene dispensers were located at suitable intervals throughout the premises and staff were seen to avail of appropriate opportunities for hand hygiene. Personal protective equipment such as gloves and aprons were available and were also used by staff appropriately. As will be further discussed under Outcome 12, there were some limitations to the premises that indirectly impacted on the centre's compliance with standards for the prevention and control of healthcare associated infections. There were no designated clinical wash hand basins and the wash hand basins that were available in staff facilities had standard taps that did not support recommended hand hygiene practices. There was no risk assessment addressing the absence of clinical wash hand basins and there was no procedure identifying recommended acceptable practice in the absence of designated clinical hand washing facilities. Additionally, there was no wash hand basin in the cleaners' room and the wash hand basin in the laundry was obstructed by a linen skip, making it difficult to access. A wash hand basin in one of the sluice rooms was also partially obstructed.

Inspectors reviewed the accident and incident log and were satisfied that there were adequate arrangements in place for investigating incidents/adverse events involving residents.

Inspectors found evidence that suitable fire equipment was available throughout the centre and that bedding and furnishings were made of fire retardant material. Fire evacuation procedures were prominently displayed throughout the building and a colour coded guide outlining the various evacuation plans for individual residents was easily accessible to all staff. Annual fire training included lectures, evacuation drills and fire equipment operation. Staff were also instructed individually on fire drills by the centre's fire warden. However, these drills did not take place bi-annually as per policy, and not all staff had received fire safety training.

A fire register was available and had been well maintained until 2013. In recent years the completion and filing of servicing records of the fire alarm system and emergency lighting did not always take place. There were not adequate records available demonstrating that the fire alarm was serviced quarterly or that the emergency lighting was serviced by a suitably qualified person as required by Irish standards.

Daily and fortnightly in-house records were maintained regarding fire safety but did not include checking the fire panel or fire alarm tests. Checks for obstruction of fire exits and fire doors were listed in these logs but staff failed to recognise and record issues in

relation to the centre's smoking area. The designated smoking area was the stairwell leading to a rear exit, that was also a designated emergency exit. This area was not well ventilated to the external environment and did not have an extractor fan. Evidence of environmental was present in the bedroom areas on the first and second floors. A fire door leading to the stairwell was held open by a chair, which was not in compliance with fire safety guidance. While smoking, residents were seated in chairs on the passage leading to the emergency exit, potentially causing an obstruction in the event of the need to evacuate residents in an emergency. The presence of environmental smoke was clearly evident in the bedroom areas on the first and second floors.

While residents had a care plan in relation to smoking, inspectors were not satisfied that it adequately addressed the level of supervision required while smoking or that it was supported by an adequate risk assessment of the residents capacity to smoke independently or otherwise.

**Judgment:**  
Non Compliant - Major

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

**Findings:**  
There were written operation policies and procedures in relation to the ordering, prescribing, storing and administration of medicines. Medication administration practices observed by inspectors were in compliance with relevant guidance. Medication was store appropriately, including medicines that required refrigeration. There were adequate procedures in place for returning unused/out-of-date medicines. There were no controlled drugs in the centre on the days of inspection, however, records indicated that when controlled drugs were present, they were counted by two nurses at the end of each shift.

Nurses transcribed prescription sheets and transcription practice complied with relevant professional guidance. Prescriptions were reviewed regularly by the resident's general practitioner (GP). There were regular audits of medication management practices.

**Judgment:**  
Compliant

***Outcome 10: 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

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

No actions were required from the previous inspection.

**Findings:**

A records of all incidents occurring in the centre was maintained. Based on a review of these records, inspectors were satisfied that notifications were submitted to the Authority as required by regulations.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

Residents received a comprehensive assessment on admission and at regular intervals thereafter. Evidence-based assessment tools were used as part of the assessment process to assess issues such as nutritional status, risk of falling and the risk of developing a pressure sore. Care plans were developed based on the results of these assessments, which were personalised and reviewed regularly. However, adequate care plans were not always developed for all issues such as for a resident with methicillin resistant staphylococcus aureus (MRSA) or for residents at end of life. For example, while there was a wound care plan in place identifying the care for a resident with leg wounds, the care plan did not identify that one of the wounds had previously tested positive for MRSA. Even though the resident had received treatment for this, it was not clear from the care plan if the wound was now clear of infection or if there was a plan to swab the wound again.

Residents had access to the services of a general practitioner, including out-of-hours, and there was evidence of regular review. Residents had access to allied health/specialist services such as dietetics, speech and language therapy and

physiotherapy. The person in charge informed inspectors that they were recently informed that speech and language therapy services would no longer visit the centre and residents would have to attend the clinic for review. At the time of inspection, alternative options were being explored.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

St. Teresa's Nursing Home is located in Cashel, Co. Tipperary in close proximity to facilities such as the church, shops and restaurants. It was formerly a convent that had been refurbished and modernised to provide accommodation for dependent persons. It is a three storey premises situated on spacious grounds with a secure perimeter and gated entrance. Access to the upper floors is via a standard passenger lift, a large platform lift and two stairwells situated at either end of the premises.

The centre was visibly clean, well maintained, and in good decorative order throughout. Residents had access to a large, secure outdoor space that included a garden. As was discussed under Outcome 8, a risk assessment of the outdoor space was required to ensure that adequate controls were in place for areas such as a storage shed/garage, stairwells and a tree house.

Communal space is on the ground floor and comprises a suitably decorated, comfortably furnished sitting room and an adjacent conservatory that was predominantly used during the summer months as it was not well insulated. There was also a larger sitting room/dining room, where residents spent most of the day. This room was partitioned so that sitting and dining space were separated.

Bedroom accommodation is on the first and second floors and comprises three single bedrooms and six twin bedrooms on each floor. Four of the twin bedrooms and two of the single bedrooms have separate en suite facilities, while en suite facilities are shared between two bedrooms by the other eight twin bedrooms and four single bedrooms. En suite facilities comprise a shower, toilet and wash hand basin. Additional sanitary facilities include two toilets on the ground floor and a bathroom with a bath and toilet on

the second floor. The provider nominee stated that the bathroom is rarely used. There is also a staff toilet on the ground floor and a designated toilet for catering staff.

The kitchen was on the ground floor and was clean, adequately equipped and organised. There was evidence of the implementation of food hygiene management systems. Records viewed by inspectors indicated that catering staff had attended food hygiene training. Records were available of inspections by the relevant Environmental Health Officer that demonstrated an adequate level of compliance with food hygiene standards. Also situated on the ground floor was staff a staff break room and a laundry. The laundry was small but staff members demonstrated an adequate process for separating clean and dirty linen.

Records of preventive maintenance of equipment were made available to inspectors, however, while there was evidence of some preventive maintenance, there were gaps in the records available and it could not be confirmed to inspectors that equipment such as beds, hoists and wheelchairs were serviced in accordance with relevant standards.

There was a small nurses station on each of the upper floors, however, both of these were small and, as there was no main nurses station/office, policies and procedures were stored in a locked press in one of the sitting rooms, which also housed a computer and printer. As already discussed under Outcome 8, there were no definitive hand hygiene wash hand basins for staff.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The most recent version of the complaints procedure was displayed in a prominent position in the centre. However, this differed from the version included in the Statement of Purpose and was not consistent with the centre's policy on handling complaints. The complaints officer was not named in any policy or procedure. The appeals process and independent mediator details were also unclear, as different people were identified in each document.

During the inspection, inspectors found evidence that recent complaints made by residents and relatives were not being recorded. A complaints log was available in the centre but the last entry was made in 2014. However, despite this, residents and

relatives concerns appeared to be addressed and resolved in a prompt manner by staff.

**Judgment:**

Substantially Compliant

***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 a policy in place identifying the procedure for the management of end of life. Based on a review of residents' records, religious and cultural practices were facilitated. Family/friends were facilitated to remain with the resident as they approached end of life.

Some improvements, however, were required in the management of end of life. For example, there was no end of life care plan developed for a resident who was known to be approaching end of life for a number of weeks before death. It was practice in the centre that subcutaneous fluids were not administered as staff had not received the appropriate training and relevant equipment was not available. One resident had been prescribed subcutaneous fluids by a GP, however, this was not administered and it was not clear from available records that the non-administration of these fluids had been discussed with the residents medical team. In addition, there was no evidence that the palliative care team were consulted on the best course of action for this resident in the absence of subcutaneous fluids and in the absence of adequate fluids being taken orally.

**Judgment:**

Non Compliant - Major

***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):**

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

**Findings:**

There was a policy in place for monitoring and recording residents' nutritional intake. Residents were weighed regularly and an evidence-based tool was used to assess residents for the risk of malnutrition.

Food appeared to be nutritious and was available in sufficient quantities. Residents were offered a choice of food, including residents that were prescribed modified diets. Residents that required support with eating were assisted in a discreet manner and staff were seen to interact with residents throughout mealtimes. Residents had access to drinks and snacks throughout the day.

There was adequate access to allied health services such as speech and language and dietetics and there was an adequate system in place to enable catering staff provide food to each resident in accordance with recommendations.

**Judgment:**

Compliant

***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:**

Feedback from questionnaires distributed to residents and relatives prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives were generally happy with facilities and services in the centre.

Residents were facilitated to exercise their civil, political and religious rights. A postal voting system and a secure ballot box, brought to the centre under Garda supervision, enabled residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television.

The centre employed an activities coordinator who engaged residents in daily activities such as bingo, skittles, ring throwing, baking, music therapy, painting, plant potting, and reminiscence. Residents choose whether or not to participate, and those who did, seemed to enjoy the experience. Accompanied excursions to the local town centre were

also arranged.

An open visiting policy was in place at the centre and space was available for residents to receive visitors in private. Residents also had access to a portable private phone to make phone calls.

Residents' meetings had been facilitated by an independent mediator, but were discontinued in May 2015. Management at the centre explained that instead they were trialling one-to-one meetings with residents in an effort to better solicit resident feedback. However, these meetings took place infrequently and did not allow all centre residents the opportunity to be consulted with or participate in the running of the centre.

**Judgment:**

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had a policy on residents' personal property and possessions. Inspectors viewed residents' personal property records included in residents' personal files. Residents appeared well groomed and had adequate storage space for personal belongings in their rooms, including access to a lockable drawer. Discussion around appropriate seasonal residents' clothing was evident in staff meeting minutes.

Laundry services were available on-site. Inspectors noted that while the size and layout of the laundry room was restrictive, a functional system was in place to ensure that residents' clothes were returned to them and in relation to segregating clean and dirty linen..

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet***

*the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

Based on inspection findings, inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre. A nurse was on duty at all times, and both staff and residents were happy with the availability and involvement of senior management in the day-to-day running of the centre. Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. Volunteers were supervised appropriate to their level of involvement in the centre.

Monthly staff meeting minutes were made available to inspectors. Examples of topics discussed included the changing needs of residents, care plans, policies, training, and external service providers. Further actions were identified and health and safety matters that required follow-up.

Staff were aware of policies and procedures related to the general welfare and protection of residents. However, not all policies had been signed off as reviewed by staff. Ongoing training was facilitated for staff and included fire safety, elder abuse, manual handling, behaviour support, restraint, dementia, food safety, hand hygiene, wound management and first aid. However, not all staff had attended mandatory fire safety training. This action is addressed under Outcome 8. Additionally, similar to the maintenance of other records discussed under Outcome 5, training records were not maintained in a manner so as to make them easily retrievable and to monitor the training status of all staff training.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

John Greaney  
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>	St. Teresa's Nursing Home
<b>Centre ID:</b>	OSV-0000293
<b>Date of inspection:</b>	02/02/2016
<b>Date of response:</b>	24/03/2016

### Requirements

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

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

### Outcome 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

An out-of-date registration certificate copy had been included as part of the Statement of Purpose.

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Copy of updated registration certificate is now included in the statement of purpose and function.

**Proposed Timescale:** 04/02/2016

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

The residents guide was dated July 2012. A previous Nurse In Charge was referred to throughout and details in relation to advocacy services also required updating.

**2. Action Required:**

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

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

We will get new copies of the residents guide printed to include the name of our new director of nursing and any other changes in the centre.

**Proposed Timescale:** 10/04/2016

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Due in part to the absence of a designated nurses offices, policies and procedures were not readily accessible to staff and were stored in a locked cupboard in a residents sitting rooms. Not all staff had attached their signature to policies and procedures indicating that they had read and understood them.

**3. Action Required:**

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All policies and procedures will be placed back into the nurses station on the first floor on a shelf to make them fully accessible to all staff at all times. We will ensure all staff

sign to indicate that they have read and understand them.

**Proposed Timescale:** 10/04/2016

**Theme:**

Governance, Leadership and Management

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

The directory of Residents established under Regulation 19 was based on criteria from an older set of regulations (Nursing Homes (Care and Welfare) Regulations, 1993). Omissions included details of residents' transfer to the centre, admissions to hospital, phone numbers for next of kin or general practitioners, and cause of death.

**4. Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

A new directory of residents will be ordered to include all aspects of criteria outlined in the new care and welfare regulations 2013.

**Proposed Timescale:** 15/04/2016

**Theme:**

Governance, Leadership and Management

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

Improvements were required in relation to the maintenance of records. For example:

- there were gaps records demonstrating maintenance of fire safety equipment
- there were gaps records demonstrating maintenance of equipment such as hoists and beds
- training records were not maintained in a manner so as to make them easily retrievable and to monitor the training status of all staff training.

**5. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

On the day of inspection all of our equipment was fully up to date in regards to preventative maintenance and servicing. We will ensure there are no gaps in any records in relation to maintenance in the future.

Staff training will be recorded in a manner so it is easily retrievable.

Proposed Timescale: 10/04/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

While residents had a care plan in relation to smoking, inspectors were not satisfied that it adequately addressed the level of supervision required while smoking or that it was supported by an adequate risk assessment of the residents capacity to smoke independently or otherwise.

**6. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We will ensure that our risk management policy set out in Schedule 5 includes hazard identification for residents who smoke and assessment of risks throughout the Nursing Home.

We will also revise the existing care plans to include the level of assistance required by residents while smoking and their capacity to do so safely.

Proposed Timescale: 10/04/2016

**Theme:**

Safe care and support

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

Improvements were required in relation to the assessment of risk in the centre, for example:

- the risk register did not include risks such as unsecured access to stairs internally
- the risk register did not include risks such as unsecured access to stairwells externally, an unlocked shed/garage, or the tree house
- the risk register did not quantify risk following the inclusion of control measures and there was no evidence of the ongoing review of risks.

**7. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We will complete risk assessments for all areas outlined above to include hazard identification and assessment of risk to residents. We will also review these risks on a regular basis.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

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

There was an emergency plan that addressed risks such as bomb threat, flooding, earthquake and fire, however, it did not address issues such as loss of electricity, water, kitchen facilities and did not identify a location for the safe placement of residents in the event of a prolonged evacuation.

**8. Action Required:**

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

On both floors of the nursing home there are notice boards on public display with photocopies of information outlining all procedures in relation to emergencies e.g. lift entrapment, loss of water and electricity etc. as contained in our policy. On opening the nursing home 13 years ago we made an agreement with two businesses in Cashel to provide accommodation to our residents, should we need to evacuate for a prolonged period of time. These named businesses, have remained an integral part of our policy and must have been overlooked on the day of inspection. This information has always been and will continue to remain in our emergency plans.

**Proposed Timescale:** 31/07/2009

**Theme:**

Safe care and support

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

Improvements were required in relation to infection prevention and control practices, including:

- there were no clinical wash hand basins
- there was no risk assessment addressing the absence of clinical wash hand basins and there was no procedure identifying recommended acceptable practice in the absence of designated clinical hand washing facilities
- there was no wash hand basin in the cleaners room and the wash hand basin in the laundry and sluice rooms were partially obstructed.

**9. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Clinical Hand washing taps have been ordered and will be fitted to the existing wash hand basins outlined deeming them clinical hand wash basins.

As mentioned in the closing meeting we will remove the hand wash basin in the 2nd floor bathroom and place it in the cleaners' room. We will also ensure there are no obstructions to hand wash basins in the laundry or sluice room in the future.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

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

Not all members of staff had received up-to-date training in fire safety.

**10. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The two staff members who could not attend the fire training due to the off duty will be booked in for fire training.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

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

The designated smoking area was located in a stairwell near the rear emergency exit and the seating used by residents while smoking caused an obstruction leading to the exit.

**11. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

We will change the area being used by the residents to smoke, they will be situated in an area that does not constitute an emergency exit therefore the risk caused by obstruction will be eliminated. We will make adequate arrangements for evacuating, in the event of fire, all persons in the Nursing Home and continue as arranged in 2009 to provide safe placement of residents.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

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

A fire door was held open by a chair.

**12. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The resident expressed that she used the chair to hold open the door so she could have easy access and egress from the smoking area. The risk associated with this has been highlighted to the resident and we will ensure this fire door is closed at all times under the Regulation 28(2)(i)

**Proposed Timescale:** 10/02/2016

**Theme:**

Safe care and support

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

Daily and fortnightly in-house records were maintained regarding fire safety but did not include checking the fire panel or fire alarm tests. Checks for obstruction of fire exits and fire doors were listed in these logs but staff failed to recognise and record issues in relation to the centre's smoking area.

**13. Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

We will ensure that the daily and fortnightly checks will include all necessary equipment in relation to fire safety.

We will carry out risk assessments in relation to residents capacity to smoke

independently and will supervise any residents who are deemed a high risk of burning themselves or their surroundings and will inform all staff of the results.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

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

Fire drills did not take place bi-annually.

**14. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills will take place at suitable intervals as outlined in regulation 28(1)(e)

**Proposed Timescale:** 10/06/2016

**Theme:**

Safe care and support

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

There were not adequate records available demonstrating that the fire alarm was serviced quarterly.

**15. Action Required:**

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

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

Under Regulation 28(1)(c)(i) We will ensure that the external company who services the fire alarm will do so quarterly and provide us with the necessary documentation and records.

**Proposed Timescale:** 10/04/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

There were not adequate records available demonstrating that the emergency lighting was serviced by a suitably qualified person in accordance with Irish standards.

**16. Action Required:**

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

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

The proprietor and provider nominee attended training by the local fire authority which outlined that the proprietor is suitably qualified to check the emergency lighting periodically in the home and all checks will be documented appropriately as per regulation 28(1)(c)(i).

We will also include the fire emergency lighting checks in our quarterly preventative maintenance carried out by a competent person.

**Proposed Timescale: 10/04/2016**

**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:**

Adequate care plans were not always developed for all issues such as for a resident with methicillin resistant staphylococcus aureus (MRSA) or for residents at end of life.

**17. Action Required:**

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

A Nursing Care plan has been developed for MRSA treatment and end of life care. All the recommended protocols will be followed to ensure we meet all aspects of the residents care and needs. All staff will be made aware.

**Proposed Timescale: 10/04/2016**

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Records of preventive maintenance of equipment were made available to inspectors, however, while there was evidence of some preventive maintenance, there were gaps in the records available and it could not be confirmed to inspectors that equipment such as beds, hoists and wheelchairs were serviced in accordance with timeframes set out in relevant standards.

**18. Action Required:**

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

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

On the day of inspection all of our equipment was fully up to date in regards to preventative maintenance and servicing. We will ensure there are no gaps in any records in relation to maintenance in the future.

**Proposed Timescale:** 02/02/2016

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The most recent version of the complaints procedure was displayed in a prominent position in the centre. However, this differed from the version included in the Statement of Purpose and was not consistent with the centre's policy on handling complaints. The complaints officer was not named in any policy or procedure. The appeals process and independent mediator details were also unclear, as different people were identified in each document.

**19. Action Required:**

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

All the relevant changes have been updated, we have a named complaints officer and these changes are made in the Complaints Policy.

The appeal process and independent mediator details have been corrected in both Policy and procedure.

**Proposed Timescale:** 10/04/2016

**Theme:**

Person-centred care and support

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

During the inspection, inspectors found evidence that recent complaints made by residents and relatives were not being recorded. A complaints log was available in the centre but the last entry was made in 2014.

**20. Action Required:**

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

We are at a loss as to where a verbal or written complaint was lodged by a resident and/or their relative. At the closing meeting post the inspection inspector Mrs O Connor stated that a resident requesting to move rooms was a complaint but we view this as a request and the request was carried out immediately. We have no knowledge of a complaint being made by a relative.

Any relevant complaints will be recorded and dealt with promptly and professionally, however, it is important to recognise the difference between a complaint and a request relating to the day to day running of the nursing home.

**Proposed Timescale:** 02/02/2016

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

One resident had been prescribed subcutaneous fluids by a GP, however, this was not administered and it was not clear from available records that the non-administration of these fluids had been discussed with the residents medical team. In addition, there was no evidence that the palliative care team were consulted on the best course of action for this resident in the absence of subcutaneous fluids and in the absence of adequate fluids being taken orally.

**21. 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:**

We will continue to provide and improve on all aspects of care in relation to end of life care addressing the physical, emotional, social, psychological and spiritual needs as required under regulation 13(1)(a). We will ensure full and comprehensive

documentation is adhered to by all staff and all communications between the nursing staff with members of the multi-disciplinary teams and family members are not just verbal but also fully documented in the future.

**Proposed Timescale:** 10/04/2016

### **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:**

Management at the centre explained that instead of a residents' forum they were trialling one-to-one meetings with residents in an effort to better solicit resident feedback. However, these meetings took place infrequently and did not allow all residents the opportunity to be consulted with or participate in the running of the centre.

**22. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

One to one conversations with the residents concerning the day to day issues and their holistic needs in relation to living in the nursing home will be carried out more frequently and will include all residents who show willingness to engage and participate. If residents choose not to participate it will be documented as appropriate.

**Proposed Timescale:** 15/04/2016