

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carndonagh Community Hospital
Centre ID:	ORG-0000616
Centre address:	Convent Road, Carndonagh, Donegal.
Telephone number:	074 937 4164
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Doherty
Person in charge:	Finola McColgan
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 30 June 2014 10:30 To: 30 June 2014 16:30

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

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 in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre had a minor non-compliant in relation to both outcomes.

The inspector found a high level, quality service, which was reflected in positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

Practices and facilities were in place to ensure that residents received a high quality service at the end of life stage. There was a person centred approach to care which focused on meeting residents emotional and psycho-social needs as well as physical needs. Care was provided by appropriately trained staff who were supported by local

palliative care services. Questionnaires were received from relatives of deceased residents and discussions with family members showed that families were very satisfied with the care given and the facilities provided. There was evidence that residents were supported to live to the end, however, discussions and care planning for end of life was instigated when a resident's health deteriorated or if death appeared to be imminent.

The nutritional needs of residents were met to a high standard. Food was nutritious, varied and provided in sufficient quantities. Systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. There was a good standard of nutritional assessment, monitoring and care planning and residents had very good access to the general practitioner (GP) and dietetic services. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The dining room space was inadequate and could only accommodate up to 15 people and some residents had to take their meals in the sitting room.

The inspector followed up on the progress of seven action plans from the previous inspection on 28 January 2014. Four actions were completed and three required further work in order to fully comply with regulatory requirements and standards. These and other matters are discussed further in the report and in the Action Plan at the end of the report.

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

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The policy relating to the retention and creation of, access and retention of and destruction of records had been revised and met regulatory requirements on the day of inspection.

Judgement:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector observed that fire hose reels which were due to be removed in March 2014 had not been removed. The person in charge told the inspector that there had been meetings with the fire officer and the estates manager, however the matter had not been progressed.

Judgement:
Non Compliant - Minor

Outcome 08: Medication Management

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

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

This action had been progressed but not completed. The person in charge told the inspector that the scheduled meeting with pharmacists had taken place but actions arising from the meeting had not been fully implemented in that the policy had not been amended to reflect current arrangements with local pharmacists.

The person in charge told the inspector that nurses had repeated the on line medication programme and additional training had been organised to meet further medication training needs. Nurses who spoke with the inspector and training records confirmed that all nursing staff had attended the training. The inspector observed the administration and recording of medications administered and found it to be in line with the policy and professional guidelines. Monitoring of medication practices, including errors and near misses was found to be of a high standard and there was evidence that actions identified to minimise the risk of error were implemented and monitored.

Judgement:
Non Compliant - Minor

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

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider had created a newsletter which was in a user friendly format and made available to residents. The inspector read a copy of the newsletter and found that it contained information on aspects of the service provision, feedback from residents, a synopsis of the most recent HIQA inspection report and plans to improve aspects of the premises.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector saw that the social care programme was comprehensive and designed to meet the needs of individual residents. There were three staff engaged in social activities each day and the range of activities was found to be diverse. The activity coordinator confirmed that she participated in care plan reviews. She discussed the range of activities provided and programmes viewed showed that residents were offered opportunities for one to one engagement as well as group activities. Residents told the inspector that they were pleased with the activities programme. Some residents showed the inspector the blooming window boxes they had helped to plant. Tasteful stone art work was on display in the day room and the inspector saw the excitement generated when residents met three cockerels which a staff member had brought in on the day of inspection. Social care was deemed to be of high importance and assistance from people on the community employment scheme and volunteers had a major role in activity provision.

The inspector observed that residents with diabetes were provided with the appropriate diet. However there was no system to ensure that all older people admitted were tested for undiagnosed diabetes and although residents had access to chiropody and optical services, they were not linked with diabetic services. The inspector saw that the monitoring of blood glucose was not in line with international guidelines. Individualised glycaemic goals of treatment were not set out in care plans. Nurses told the inspector that the night nurse recorded fasting blood glucose on a weekly basis.

Judgement:

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that the dining space used by residents from the Oak and Elm units was inadequate and could only accommodate 15 residents and consequently residents who used larger chairs remained in the day room for their meals. Meals were served on individual small tables which minimised opportunities for social engagement at mealtimes.

Multiple occupancy rooms were still in use. Elm unit had a bedroom with four beds and another bedroom with three occupants. Oak had two bedrooms, each with bed space for four residents.

Judgement:

Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received person centred care which met their physical, emotional, social, psychological and spiritual needs of the resident and those close to them. There was a policy in place since 2012 and a robust system to ensure that staff understood and

implemented policies in relation to care of the dying person, care following a death and supporting the bereaved throughout the journey. Care practices and facilities are in place so that residents received end-of-life care tailored to their needs and respected their dignity and autonomy. A draft policy had recently been developed and required some minor amendments before sign off.

Residents were supported to make informed decisions about their treatments and their wishes for the future. All the residents who died in the previous two years were supported to have a comfortable death in the centre. Residents have a choice as to the place of death. The inspector met a resident availing of respite care, who had been supported to return to the community. Day care, home help and regular periods of respite, formed part of the support package provided. Another resident was assessed on the day of inspection to determine their capacity to make informed decisions about returning home. Two palliative care suites were available for residents and their families. They comprised a spacious single room, kitchenette and sleeping facilities for family members. They were both vacant on the day of inspection and were in the process of being refurbished. Relatives of deceased residents stated that they had been provided with a private room in keeping with the resident's and families' wishes.

Religious and cultural practices are facilitated. Staff and residents confirmed that the Church of Ireland Minister and Roman Catholic priests visited residents regularly. Mass was celebrated monthly and on each first Friday of the month. A communion service was held every Sunday. Some residents and relatives wished to have Mass more often but acknowledged that this was not possible because of the shortage of clergy in the area. Staff told the inspectors how they respected the wishes of residents who had no religious affiliation and supported residents spiritually through prayer, poetry and life review. Residents and families were pleased to have access to well maintained outdoor areas.

Family and friends were facilitated to be with a resident when they were ill or dying. There was an open visiting policy and suitable facilities were provided. Families who completed the next of kin survey stated that they were supported to stay with their loved one. They were also provided with a support leaflet with information such as how to register a death and how to access local bereavement support services. Staffing levels had increased in the past year and communication with families had improved accordingly. Prior to this some family members who completed the next of kin survey reported that staff were very busy and had limited time to spend with residents or their families. The inspector found evidence that staff knew residents and their family members well and communication was reported to be excellent. Relatives and staff confirmed that arrangements for the removal of remains occurred in consultation with deceased resident's family. The chapel of rest and the oratory were often used for this purpose. Residents told the inspector that they were supported to pay their respects or to attend the removal ceremony following the death of a resident. Staff often attended funeral services and had an opportunity to discuss the death of a resident at staff meetings. An annual remembrance event was held to commemorate residents who had died.

Carndonagh Hospital is a designated Level 2 General Palliative care Hospital, which offers palliative care at an intermediate level provided by professionals who have

experience and additional training in palliative care. There is access to the local consultant led palliative care service. While no-one was in receipt of this service on the day of inspection, the inspector examined the care plans of two residents who died recently and saw that palliative care services were accessed in a timely manner and expert advice was implemented. The acting person in charge had completed a higher diploma in palliative nursing and all staff had participated in end of life training. The provision of person centred care which was underpinned by the palliative care philosophy of living until the end was very much in evidence. Residents had been supported to return home or to die in the centre. End of life care plans were comprehensive, however not all residents had a documented care plan for end of life. Some staff acknowledged that they struggled to have a conversation with a healthy resident about their wishes for end of life and consequently end of life care plans tended to be put in place following a significant health event or when death was imminent.

Judgement:
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:

No actions were required from the previous inspection.

Findings:

The inspector found that residents' nutritional needs were met to a high standard and there were systems in place to support ongoing monitoring and improvement in this area. Residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that practices and procedures were in place as described in the self assessment questionnaire and areas for improvement had been actioned. Arrangements for residents to access to onsite dental services were put in place and the management team had progressed plans to introduce an oral assessment tool.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy and they had received training to support its implementation.

The inspector observed that fresh water was provided in bedrooms and iced water and juice was available in communal areas. Residents stated that they were satisfied with the times of meals and confirmed that snacks were available at any time. Breakfasts were served from 8.30 hrs and the majority of residents choose to have breakfast in bed

in their rooms. The inspector joined residents for dinner at 12.15 hrs and observed the evening meal being served from 16.20hrs. The majority of residents took these meals in the dining room. As discussed on Outcome 12, the dining area in Oak/ Elm could only accommodate up to 15 residents and consequently residents who used larger chairs remained in the day room for their meals.

Residents in Ard Aobhinn (a dementia specific unit) had a choice of two small dining rooms which was less noisy and stimulating, which suited the needs of the residents. Dining rooms were attractively decorated and table had individual place settings. Residents were offered two choices of main course at each meal time and individual preferences were readily accommodated. For example, one resident did not like mashed potatoes, was served boiled jacket potatoes instead. 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. The main meal and found that it was hot and attractively presented and tasty with ample portions and second helpings offered. A record of residents' intake was maintained in line with their care plan. Satisfactory numbers of staff were present to supervise and assist residents. Staff were also familiar with techniques to use if a resident became anxious at mealtimes.

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. Kitchen staff and other staff members were aware of those residents who were at risk of poor intake and additional snacks and drinks were offered and food fortification was used where appropriate. Residents had access to a full time dietician who worked closely with staff, led the nutritional committee and reviewed the menu in order to ensure that it was varied and nutritionally balanced. She also worked closely with catering staff to ensure the food was properly prepared, cooked and is wholesome and nutritious.

Meals were fortified with butter, cheese and cream in accordance with the advice of the dietitian and the individual preferences of the resident. Additional snacks, beverages, finger foods and milk puddings were also offered to residents who were at risk of poor nutrition. Staff members who spoke with the inspector was aware of residents' food preferences, likes and dislikes and this was recorded in the care plans. A number of residents were prescribed nutritional supplements. The inspector reviewed the medication prescription and administration records and found that residents were provided with their prescribed supplements at the required times.

Processes were in place to ensure residents do not experience poor nutrition and hydration. Nutritional screening was carried out using an evidence-based screening tool on admission and at a minimum of three monthly intervals. Residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. 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 the occupational therapist, the dentist

and diabetic services for residents when required. There was good on-going monitoring of residents nutritional, hydration. Regular weight monitoring was carried out monthly or weekly if residents were at risk. Staff monitored the food and fluid intake of all residents and detailed dietary monitoring records and fluid balance charts were implemented when appropriate. One resident was taking nutrition by percutaneous endoscopic gastrostomy (PEG) tube. This resident was appropriately monitored by the dietician and their care plan fully implemented. Scheduled tube changes were planned in advance. However four staff were trained and deemed competent to replace the tube if an emergency situation arose.

There was 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.

The inspector spoke with a number of residents regarding food and mealtimes. All responses were positive with residents expressing a high level of satisfaction with the choice of food and the overall dining experience. Residents who had their tea from 16:20 said they found this satisfactory. One resident who preferred to have her evening meal later said she had her tea at 18:00 hrs. A substantial supper was also served at 19:00hrs.

The inspector reviewed the staff training records which showed that staff had been supported to attend a wide range of training in relevant areas such as nutrition, nutritional screening, dietary supplements and care planning and PEG feeding.

Judgement:
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.

Theme:
Workforce

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

Findings:

Staff had attended a range of relevant training and educational events. Training records were examined and nurses interviewed provided evidence that all nurses had participated in a medication management on line training programme. A need for additional education was identified and an interactive bespoke educational session facilitated by a pharmacist was attended by all staff nurses and positively evaluated. Three nurses attended training on the legal aspects of documentation. Seven staff completed the programme "Achieving Excellence" and two staff attended a safe practice workshop in Letterkenny in April 2014.

An agreement on Formal Volunteering was included in the Policy on Management of Formal Volunteers (Appendix 5) and a revised format had been submitted to Practice Development section for review. The person in charge told the inspector that applications had been made for Garda vetting for all volunteers. Visiting members of the "Legion of Mary" confirmed that they had met with the person in charge to formalise their volunteering duties.

Judgement:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Carndonagh Community Hospital
Centre ID:	ORG-0000616
Date of inspection:	30/06/2014
Date of response:	05/08/2014

Requirements

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

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

Fire hose reels which were due to be removed in March 2014 had not been removed.

Action Required:

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

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

Fire hose reels were removed on the 04/07/2014

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

Proposed Timescale: 04/07/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

The policy had not been amended to reflect the arrangements in place for local pharmacies to dispense medications to residents in the centre.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

A meeting took place on the 28th July with Pharmacists. A working group has been established to draft the process of medication management -ordering, storing and disposal within Carndonagh. A Policy will then be developed, communicated & implemented.

Proposed Timescale: 14/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

There was no system to ensure that all older people admitted were tested for undiagnosed diabetes The inspector saw that the monitoring of blood glucose was not in line with international guidelines.

Individualised glycaemic goals of treatment were not set out in care plans.

Action Required:

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

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

Community Diabetic Nurse Specialist, has been asked to provide a standard protocol for all older people admitted to all Donegal community hospitals in line with best practice for diabetes care. Training will be provided in the protocol and management of an older

person with diabetes in September 2014.

Carndonagh Community hospital will implement this protocol when it is available. In the mean time all admissions will have routine blood glucose monitoring and onward referral as indicated.

Proposed Timescale: 30/10/2014

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:

Multiple occupancy rooms were still in use. Elm unit had a bedroom with four beds and another bedroom with three occupants. Oak had two bedrooms, each with bed space for four residents.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

Staff within Carndonagh community hospital are aware of the constraints of the environment and endeavour to maintain the privacy and dignity of the residents at all times, by ongoing assessment and support.

Proposed Timescale: 30/09/2014

Theme:

Effective Care and Support

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

The dining space used by residents from the Oak and Elm units was too small and could only accommodate 15 residents.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Residents are encouraged to use the dining room and day room for all meals as they choose. Ongoing assessment of residents who require assistance with meals, will continue.

The dining facilities will be reviewed as part of the HSE estates brief.

Proposed Timescale: 05/08/2014

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:

End of life care plans were comprehensive, however not all residents had a documented care plan for end of life. Some staff acknowledged that they struggled to have a conversation with a healthy resident about their wishes for end of life and consequently end of life care plans tended to be put in place following a significant health event or when death was imminent.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Training and discussion on 'end of life' and persons preferences will be a focus at nursing meetings over the next 2 months. Ward based sessions will take place with all nursing staff at intervals rostered, to enhance the confidence of staff to engage in these conversations. Documentation of these conversations with residents and families will remain a focus within these sessions.

Proposed Timescale: 30/10/2014