

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | La Verna Nursing Home                                    |
| <b>Centre ID:</b>   | OSV-0000146  |
| <b>Centre address:</b>                                    | 30 Haddon Road,<br>Clontarf,<br>Dublin 3.                |
| <b>Telephone number:</b>                                  | 01 833 9879  |
| <b>Email address:</b>                                     | info@laverna.ie  |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | M.V. Nursing Limited                                     |
| <b>Provider Nominee:</b>                                  | Shane Kelly  |
| <b>Lead inspector:</b>                                    | Sheila McKeivitt   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 29   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 1  |

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 24 July 2014 08:30 To: 24 July 2014 15:00

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

|                                |
|--------------------------------|
| Outcome 14: End of Life Care   |
| Outcome 15: Food and Nutrition |

**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 the person in charge attended an information seminar. The person in charge and assistant director of nursing received evidence-based guidance and undertook a self-assessment in relation to both outcomes. They had judged that the centre was in compliance with both outcomes.

Twenty nine residents were in the centre on the day of inspection, two were in hospital and there was one vacant bed. On inspection, the inspector reviewed policies, assessments, care plans, training records and the provider self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the persons in charge pre-inspection. The inspector met residents and staff and observed practice on inspection.

End-of-life care practices and outcomes for residents and relatives were found to be of a good standard. The end-of-life policy reflected some practices. Feedback from relatives of residents who had died in the centre was positive; staff were praised for the kind, sensitive and friendly manner in which they treated each resident. However, some improvements were required in relation to records reflecting residents' death and dying wishes/preferences, residents end of life care plans and residents involvement in decisions made about their end of life care. The inspector also found that there was no written information on services and supports available to relatives following the death of a loved one.

Residents had detailed food & nutritional assessments in place with corresponding detailed care plans reflecting their assessed needs. Freshly cooked nutritious food was available to residents'. They had a choice at each meal time which was varied.

However, the preparation and service of food required improvement. Residents who had been assessed as requiring a specific modified diet were not being served their meals to the consistency identified on assessment. The processes in place for food fortification were not appropriate to meet residents' individual needs and the systems in place to serve food required review. Further education of staff was required.

From evidence gathered on inspection the inspector formed the view that the centre was in moderate non-compliance with both outcomes. The action plans at the end of this report reflect these non compliances.

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

**Outcome 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:**

The end-of-life care provided to residents was to a good standard. However improvements in some areas of this care were required. Three deceased residents' relatives provided feedback and confirmed that residents received end-of-life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

There was an end-of-life policy in place it had been implemented in January 2012 and was under review at the time of the inspection. It did not reflect the new processes being implemented in relation to end of life discussions and end of life care plan development. The person in charge explained how they had begun the process of completing end of life discussions with residents and their families. A letter had been written to each resident's next of kin inviting them to come in and discuss their loved ones end of life care with the person in charge. The inspector saw a copy of this letter in a number of resident files. A record of end of life discussions which had taken place with a number of next of kin and a member of the nursing management team were available for review. However, there was no evidence of the residents' involvement in these discussions. Five of the seven residents spoken with told the inspector that they had not been asked by staff about their end of life wishes to date. One resident spoken with said he wanted to die in the centre, another informed the inspector it was something he had discussed with his family and they knew his preferences.

No resident was receiving end-of-life care at the time of inspection. However, the inspector was informed that residents occupying multiple occupancy bedrooms did not have access to a single room at the time of death and this was reflected in feedback from relatives of the deceased. There was no visitor's room or private area available to relatives. Relatives who completed questionnaires confirmed they were not offered an opportunity to stay overnight with their loved one when they were dying. Tea and coffee making facilities were accessible to relatives at all times. Relatives stated that the end-of-life care provided was good and ensured the resident was comfortable and pain free. The centre had access to the palliative care team. The inspector was informed that prompt referral and review from the team was provided whenever necessary.

Nursing documentation for five residents was reviewed and confirmed that nurses did not record residents' death and dying wishes/ preferences at the time of their initial assessment or during their three monthly assessment review. No resident had an end of life care plan in place to date. Some had records in place to reflect end of life discussions involving the residents' next of kin, their general practitioner (GP) and/or a member of the nursing management team.

Residents' religious needs were facilitated by a visiting priest. The Sacrament of the sick was provided and the priest sought at the residents' request. However, there were no end of life symbols available for use throughout the centre to alert staff and/or visitors that end of life care was occurring. Relatives stated that there were enough staff on duty at the time of their relative's death and all stated staff were with the resident at the time of death.

Staff informed residents' of a residents death and funeral arrangements. Those who wished to attend the residents' room were facilitated. The end of life policy included details about caring for the remains of a deceased resident and the return of personal possessions to loved ones. Verbal information was provided to relatives on the death of a loved one. However, there was no written information provided to relatives at the time of death.

A new procedure had been introduced whereby the person in charge now sent a sympathy card to relatives when a resident died and an annual memorial service was held in November each year to remember all residents who had died in the past year to which residents'/relatives were invited.

Education records showed some staff had received training in relation to the provision of end of life care. However, they had not yet received training on the new recording processes being implemented.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at all times. However, the food and drink

served did not always reflect the residents' assessed needs. Food was not prepared to meet the individual needs of residents and the service of food required improvement.

The policy on food and nutrition had been reviewed on several occasions, most recently in 2012. It provided clear guidance to staff on how to care for residents' nutritional and hydration needs. The inspector saw that staff had not signed to say they had read and understood the policy and this was reflected in their lack of understanding of some aspects of their role in ensuring residents' nutritional and hydration needs were met.

Residents had access to fresh drinking water and a variety of hot and cold drinks throughout the course of the day. Staff were observed offering residents a choice of hot and cold drinks with their meal and each resident spoken with stated they were offered a drink between each main meal and outside these times, staff provided them with a drink when they requested one. Residents told the inspector they had a jug of fresh drinking water by their bed which staff renewed daily. Snacks were available and served throughout the day. For example, soup was offered together with tea, coffee and biscuits mid-morning. However, residents confirmed that fresh fruit was not routinely offered to them between meals and the inspector observed the stock of fresh fruit in the kitchen was minimal.

The inspector observed breakfast and lunch being served to the residents. Residents confirmed they could choose where they wanted to eat. Most choose to have their breakfast served in bed or by their bed. Residents had access to the dining room and a small number took their breakfast here. Catering staff, prepared trays for those eating breakfast in their bedroom and served breakfast from the kitchen to those eating in the dining room. There was a choice of cereals or eggs or a fry if they wanted together with bread and/or toast, tea or coffee. Catering staff spoken with knew the residents likes/dislikes and needs and had a record to refer to for each resident. Residents spoken with told the inspector that they liked the breakfast served to them.

At lunch time the choice was displayed on a board in the dining room. Residents were asked their preferred choice the previous day they could not view the food prior to service. Lunch was dished up by catering staff in the kitchen and handed one by one to care staff standing at the kitchen door who in turn served the meal to the resident sitting at the table. The choice of food displayed on the menus was reflective of what was offered and served. However, the consistency of meals served to residents assessed as requiring a modified diet was not reflective of their assessment or of the required consistency displayed by their name in the kitchen. All residents on modified diet were served smooth pureed diet; texture C on the Irish consistency descriptors for modified diet. For example, a resident assessed by a speech and language therapist in December 2013 as requiring a soft diet, texture A was served smooth pureed diet, texture C . Residents could however, clearly identify what they were eating as each food group was presented separately on their plate. The menu offered a choice of two main courses and two deserts.

The catering staff had some knowledge of those residents on special diets such as diabetics but were not aware of who was on weight reducing, healthy heart, high protein, high calorie or a weight reducing diet. Therefore, the food served to residents did not reflect their individual assessed dietary needs. For example, the inspector was

told that cream was added to the porridge and potatoes for all residents although seven residents had been identified as being overweight and just seven as underweight.

The dining room tables were set with all required condiments, crockery and cutlery to meet the residents' individual needs. The quality of the food was good. However, the quantities served did not reflect each resident's individual dietary requirements outlined in their assessment and food and nutrition care plan. For example, one resident who had been assessed as being obese and was on a weight reducing diet was served such a large plate of food at lunch time that the food was falling off the plate and onto the table as the resident ate her meal.

Staff were available to assist residents at mealtimes in the dining room and in their bedrooms. However, independence was not promoted. For example, staff poured drinks for residents and gravy was poured on their dinner prior to it being served to them.

Residents' chatted amongst themselves and to staff while enjoying their lunch. Residents spoke highly of the food and the manner in which it was cooked and served and confirmed that feedback was sought from them at their residents' meeting.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents were assessed on admission and reviewed three-monthly with a validated assessment tool for food and nutrition and skin integrity. A baseline weight and height was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. Assessments were detailed and reflected the resident's individual needs. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the GP instructions. However, two residents on fluid balance charts did not have them totaled every 24hrs. Therefore, staff could not be sure that these residents were maintaining their prescribed fluid restriction.

The provider's self-assessment indicated that access to medical and peripatetic services was good and the inspector found there was no delay in any resident being referred or reviewed as required. A dietitian and in some cases a speech and language therapist had been accessed to assess residents without undue delay.

Education records showed that staff had received training in some areas in relation to food and nutrition. However, it was evident that staff required more training.

**Judgment:**

Non Compliant - Moderate



## 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:***

Sheila McKeivitt  
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>        | La Verna Nursing Home |
| <b>Centre ID:</b>          | OSV-0000146           |
| <b>Date of inspection:</b> | 24/07/2014            |
| <b>Date of response:</b>   | 22/08/2014            |

### 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.

#### Outcome 14: End of Life Care

**Theme:**

Person-centred care and support

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

The preference of a single room was not available to residents residing in multiple occupancy bedrooms at the time of death.

**Action Required:**

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

- La Verna makes every effort to accommodate residents at their end of life in a single

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

room where possible. We have now included reference to this in our End of Life policy, our Statement of Purpose and our Residents Guide.

- Assessment of end of life care needs will be based on the residents current condition and involve families in accordance with their wishes.

**Proposed Timescale:** 12/09/2014

**Theme:**

Person-centred care and support

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

There was no private visitors room or dedicated space available for relatives to use at the time of death.

**Action Required:**

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

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

- There is a multipurpose room available, which has been re-organised to facilitate relatives at time of death.
- A fold up bed has been purchased should any relative wish to stay over at time of death. Families will be provided with refreshments. Hand washing and toilet facilities are adjacent to this room.

**Proposed Timescale:** 12/09/2014

**Theme:**

Person-centred care and support

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

Residents had not been involved in their end of life discussion. Residents end of life preference/likes were therefore not recorded.

**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:**

- All families have been written to with follow up requesting their assistance in gathering information required. We will have this information completed on all residents by September 12th 2014. (1)
- Information documented includes resident's wishes re transfer to an acute setting,

return to family home and resident's comfort and symptom management as per our End of Life Policy.

- End of life training for staff will be completed for the first group on 1st October 2014 (2) with further dates to be confirmed

Proposed Timescale: (1) September 12th 2014 (2) October 1st (further dates TBC)

**Proposed Timescale:**

**Theme:**

Person-centred care and support

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

Residents did not have end of life care plans in place.

**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:**

94% of residents have their End of Life care plans completed; the remainder will be completed by September 12th 2014. All aspects of care planning for end of life are underpinned by an approach that ensures respect for privacy and dignity for the resident and their representative(s).

**Proposed Timescale:** 12/09/2014

**Theme:**

Person-centred care and support

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

There was no written information available to relatives post the death of a loved one.

**Action Required:**

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Information leaflets prepared by the Irish Hospice Foundation are available at La Verna to all families of a bereaved resident.

- When someone you care about is bereaved
- Grieving the death of someone close
- Living through the death of your partner or spouse

- Adults grieving the death of a parent
  - Coping with Christmas when you are bereaved
  - The grieving family
  - Understanding grief
- The annual Memorial Mass is celebrated on the 1st and 2nd November in La Verna. Families of bereaved in the last 12 months are invited to the service and refreshments are available afterwards. A memorial candle is given to the families.
- The end of life emblems are not available at present from the company who supplies them as they are closed for the month of August and there is a four week lead in delivery.

**Proposed Timescale:** 25/08/2014

**Theme:**

Person-centred care and support

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

Ensure the end of life policy is updated to reflect the change in end of life processes.

**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:**

The End of Life policy has been updated to reflect the changes made to assessment and care planning.

**Proposed Timescale:** 28/08/2014

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

Food was not properly prepared to meet individuals assessed needs. Residents identified as overweight were served potatoes with cream added.

**Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the

individual care plan of the resident concerned.

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

- A full review of how information around specialised meal requirements is shared between Nursing and Catering staff has been completed. This information will be audited and updated monthly or more frequently if required.
- Dietetic training has been arranged for staff for September 8th with further dates to be confirmed.
- La Verna has a service level agreement with a nutritional company who provide a dietetic service.

Proposed Timescale: September 8th 2014 and ongoing

**Proposed Timescale:** 08/09/2014

**Theme:**

Person-centred care and support

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

The quantity of food served to residents did not reflect that stated within their assessment and care plan.

**Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

- A full review of how information around specialised meal requirements is shared between Nursing and Catering staff has been completed. This information will be monitored and updated monthly or more frequently if required.
- Dietetic training has been arranged for staff for September 8th with further dates to be confirmed.
- La Verna's dietetic service has been asked to complete a full nutritional review of all the menus. This will be completed by Sept.15 and will be forwarded to the inspector when completed.

Proposed Timescale: September 15th 2014 and ongoing

**Proposed Timescale:** 15/09/2014

**Theme:**

Person-centred care and support

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

**in the following respect:**

Residents were not offered fresh fruit on a daily basis.

**Action Required:**

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Fresh fruit has always been available to residents daily, it is now offered as an alternative to other snacks throughout the day.

**Proposed Timescale:** 22/08/2014

**Theme:**

Person-centred care and support

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

The manner in which food was served to residents from kitchen to dining room required improvement.

**Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

- Food serving will form part of the training program which will take place on September 8th with further dates to be confirmed.
- Included in this will be nutritional content, portion size, food presentation and serving.

Proposed Timescale: September 8th 2014 and ongoing

**Proposed Timescale:** 08/09/2014

**Theme:**

Person-centred care and support

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

The consistency of food served to some residents did not reflect what was written within their assessment and therefor was not reflective of their needs.

**Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Our Speech and Language Therapist has been asked to review 2 residents with special dietary requirements in relation to type of diet recommended and their personal choices. Their individual care plans will be updated on completion of this assessment.

**Proposed Timescale:** 24/09/2014

**Theme:**

Person-centred care and support

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

The service of food and drink did not promote residents' independence.

**Action Required:**

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

- Food serving will form part of the training program which will take place on September 8th with further dates to be confirmed. Promoting resident independence at meal times will also form part of the training program.
- In promoting independence of the resident at mealtimes, all refreshments gravies and sauces will be placed on each table, however it is acknowledged that there are certain residents who need assistance with same.

Proposed Timescale: September 8th 2014 and ongoing

**Proposed Timescale:** 08/09/2014

**Theme:**

Person-centred care and support

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

Catering staff were not adequately trained to provide a high standard of service to residents.

**Action Required:**

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

- Food serving will form part of the training program which will take place on September 8th with further dates to be confirmed. All catering staff will partake in the training.



- Chefs in consultation with dietician will adapt menus to include nutritional content, food preparation and service.
- Further dates to be confirmed. Work practices have been reviewed to ensure adequate numbers of staff are available to facilitate residents needs.

Proposed Timescale: September 8th 2014 and ongoing

**Proposed Timescale:** 08/09/2014

**Theme:**

Person-centred care and support

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

Residents on fluid intake charts did not have them totaled every 24hours therefore, it was difficult to determine if they were receiving an adequate volume of fluids as prescribed.

**Action Required:**

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

24 hour intake/output charts are completed by the Nurse on night duty at midnight. This is recorded daily in the Nurses progress notes.

**Proposed Timescale:** 26/07/2014