

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	OSV-0000653
<b>Centre address:</b>	Elphin Street, Boyle, Roscommon.
<b>Telephone number:</b>	071 9662026
<b>Email address:</b>	gerard.mccormack@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Catherine Cunningham
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	36
<b>Number of vacancies on the date of inspection:</b>	2

## **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: 02 October 2014 09:00 To: 02 October 2014 17:00

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
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 primarily on End of Life Care and Food and Nutrition. The inspector also followed up on the progress of 15 actions from the previous inspection in September 2013. With regard to the actions from the previous inspection, 11 actions were found to be complete and four required further work in order to fully comply with regulatory requirements and standards. The inspector met the person in charge, staff members and residents. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and records pertaining to deceased residents. The inspector observed practice in the centre during the inspection.

In preparation for this thematic inspection the person in charge completed a self assessment in relation to both outcomes. The inspector reviewed the policies and provider self assessments on end of life care and nutritional care submitted by the person in charge pre-inspection. The person in charge had judged that the centre had a minor non-compliant in relation to both outcomes.

The inspector's findings correlated with the self-assessment questionnaire results with regard to Food and Nutrition. The inspector found that the centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for

Residential Care Settings for Older People in Ireland with regard to End of life care as the person in charge and the clinical nurse manager had completed the actions they had identified which resulted in minor non compliance. These actions included obtaining a mortuary trolley drape with an end of life care symbol, obtaining a DVD entitled 'hard to say', sourcing bereavement leaflets, updating their end of life guidelines and developing an end of life resource folder.

With regard to Food and Nutrition, the minor non-compliance was due to the fact that the audit of the meal time experience while in process was not complete , the nutritional care policy required review to ensure better guidance regarding nutritional review and a care plan for one resident who had lost weight required updating. Eight of the ten next of kin questionnaires sent out by the person in charge on behalf of the Authority had been returned prior to inspection. The inspector found that documentation received by the Authority without exception was very complimentary of the care that residents and their relatives received at end of life.

The inspector noted a pleasant and calm atmosphere throughout the centre. The centre was clean and was well maintained. Residents spoken with voiced how happy they were in the centre and were complimentary of the food, choice available, and meal times. They also expressed their appreciation with regard to the way the staff cared for them making statements for example 'staff do everything we ask, they come as soon as we ring the bell, staff are very nice, and you couldn't get better'.

The person in charge and clinical nurse manager displayed a commitment to the delivery of person-centred care and continuous improvement. The actions required ensuring 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 are detailed in the action plan at the end of this report.

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

***Outcome 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):**

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

**Findings:**

This outcome was inspected with regard to outstanding actions from the last inspection. The inspector reviewed the audit files and found that a weekly monitoring clinical audit which included antibiotic therapy, accidents and incidents and pain. A medication management audit had been completed in July 2014 and a falls review audit in January 2014. A satisfaction survey was in the process of being completed. An audit calendar was in place which details areas that were subject to review each month

While there was evidence of analysis with areas of deficit stated in a number of cases and actions taken, quality improvement plans were not developed to identify areas of deficit, actions to be taken to improve quality, person responsible for completion and completion time-scales to track progress and record improvements for re-auditing activity and informing the annual quality and safety of care and quality of life. It was not clear how the result of audits or reviews was conveyed to residents. This needs to be done in a meaningful way where residents have input into the quality improvement plans. The person in charge and the clinical nurse manager stated they were aware this was an area that required further work and were committed to this.

At the time of the last inspection there was no clear system in place to capture the reviews planned or undertaken of the quality and safety of care provided to residents and the quality of life of residents in the designated centre and improving the quality of care provided at, and the quality of life of residents in, the designated centre. This action had been partially addressed. A satisfaction survey was in process at the time of inspection. The clinical nurse manager explained to the inspector that it was the centre's intention to collate the views of residents and relatives with regard to the quality and the safety of the care and they were committed to enact any recommendations post analysis as necessary. An audit schedule had been developed and a plan was in place that the results of all audits would be discussed at the resident committee meetings and minutes would be available for those who could not or did not wish to attend.

**Judgment:**

Non Compliant - Minor

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

*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.*

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

At the time of the last inspection, the inspector found that filing and organisation of some records for example staff training records required review. The inspector found on this inspection that this action had been addressed. Records required by the inspector were organised and easily accessible.

The nutritional policy required review as discussed under Outcome 15.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

At the time of the last inspection the inspector found there were poor preventative strategies to minimise the risk of re-occurrence of falls. Where falls had occurred neurological observations post the fall were not recorded in all instances. The incident recording post the falls documented minimal information as to the immediate assessment post the fall to ensure it was safe to mobilise the resident. This action had been addressed. Falls prevention care plans were in place. Details including risk minimization strategies to include staff supervision were recorded in care plans. Falls risk assessments were completed post a fall and an appropriate care plan enacted depending on the assessed needs of the resident. Neurological observations were completed post a fall. The accident and incident records were reviewed by the inspector

who found that the assessment care and treatment post a fall was documented on the incident record.

At the time of the last inspection not all staff had up to date manual handling training or fire safety training. This had been addressed and all staff had up to date training in these areas. the fire safety training incorporated a fire drill the.by ensuring that all staff had participated in a fire drill. The risk management policy had been reviewed and complied with current regulatory requirements.

**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:**

Person-centred care and support

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

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

**Findings:**

At the time of the last inspection the inspector noted that the assessments did not inform the care plans and where a re-assessment was undertaken the care plan was not reviewed. The inspector reviewed a sample of care plans and found that this action had been addressed.

Additionally at the time of the last inspection care plans were not in place for all identified needs, for example, where a resident developed an acute problem – a laceration post a fall or a respiratory tract infection –there was no care plan in place to facilitate and guide the delivery of care. This had been addressed. The centre had adapted a colour coded approach to care planning where short term care plans were in place and recorded on different coloured paper to long term care plans. This process had worked well as it was easy to see what resident had short term care plans and it alerted staff to this issue and whether there was a continuing need for the care plan or it could be reviewed and discontinued if necessary.

The action with regard to having an appropriate care plan in place with regard to emergency care of epilepsy had been addressed. The care plan documented what medication was prescribed, when it should be given and any other special consideration that may be necessary.

There were deficits with reviewing care plans at the time of the last inspection. This had been partially completed .The inspector found that care plans were reviewed at four

monthly intervals or as required in response to changing needs, however there was no narrative note or changes to the identified need in many instances although the needs of the resident might have increased. The clinical nurse manager stated this was an area that she knew required review and she had planned to do more work in this area.

At the time of the last inspection there was poor evidence of involvement of the residents in the development and review of the care plan. There was a signature of the resident and/or their significant other on a template that had been developed by the centre stating that the resident did not wish to be consulted with regard to their care plans. This was not reviewed on an on-going basis and was not consultative in nature and did not encourage or facilitate a consultative approach. This practice had been discontinued and a meaningful consultative process was being developed.

**Judgment:**

Non Compliant - Minor

**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:**

Person-centred care and support

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

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

**Findings:**

This centre has multi occupancy rooms; however plans are in place to ensure that this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan with costing attached is required to be submitted to the Authority with regard to compliance in this area post July 2015.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support



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

No actions were required from the previous inspection.

**Findings:**

There were written operational policies and protocols in place for end-of-life care in the centre. Staff, who spoke with the inspector, were aware of the policy and were knowledgeable on how to support residents and their relatives at the end of life. The policy offered guidance to staff in caring for the emotional, physical and spiritual needs of residents at the end of life. The inspector viewed the training records for the centre and found that staff had attended training in this area in 2009, 2010 and 2014. While most of the staff had attended end-of-life training, the person in charge informed the inspector that he planned that all staff would attend end of life training and further training was planned.

A sitting room with shower and toilet facilities was available for family and friends as an overnight facility or alternatively they could stay in the room with their relative. Refreshments were provided for relatives/friends who were staying in the centre with residents. Open visiting was facilitated. The option of a single room was available for residents who were nearing end of life to ensure greater privacy and dignity for all involved.

The inspector reviewed a sample of care files of deceased residents and noted that they had been reviewed regularly by medical staff. There was evidence that medications, symptom control and pain relief were regularly reviewed and closely monitored by medical staff and the palliative care services. From review of the relative questionnaires evidence was available that the next of kin had been kept informed of any changes that occurred. Resident's religion and cultural preferences were recorded on admission. Spiritual needs had been attended to regularly and on individual request. Respect is shown for the remains of a deceased resident. Arrangements for the removal of remains occur in consultation with deceased resident's family. Staff explained to the inspector that other residents were supported following a death of one of the residents. Clothing inventories were maintained and personal belongings were returned to the relatives in a sensitive way.

From a review of residents' files, there was evidence that the GP and the staff had discussed end-of-life wishes with the resident or the relative. The clinical nurse manager explained how the families were consulted in the process, if residents wished this to happen. The inspector viewed the care plans of the residents involved and saw that discussions had been documented where appropriate and these were regularly reviewed. Assessments and plans of care were in place for oral hygiene, skin integrity, pain control and food and fluid intake. Residents spoken with by the inspector stated that they felt staff would listen and respect their views.

There was evidence in the care plans that discussions had been held with the GP and residents about CPR (Cardio-Pulmonary Resuscitation) and where appropriate this had been clearly recorded in the medical file. Staff were trained in the use of subcutaneous fluids and in the use of syringe drivers (a device for the administration of symptom control drugs) for end-of-life.

**Judgment:**

Compliant

**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:**

A policy for the monitoring and documentation of nutritional intake was in place, this had recently been forwarded to the dietician and speech and language therapist for their review. The inspector found that the nutritional care policy required review to ensure better guidance regarding nutritional review. Processes were in place to ensure residents assessed nutritional and hydration needs were met. On admission each resident was assessed with the aid of the validated nutritional assessment tool. This was updated regularly according to the changing needs of the resident. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Guidelines were in place to guide staff in the monitoring of residents weights. Residents' weights were recorded monthly or more often if indicated.

On the day of inspection the inspector noted that there were two choices on the menu and the inspector sampled the food and found it was appetising. Residents had jugs of water in their bedrooms and were offered hot and cold beverages along with snacks throughout the day. The menu was displayed in the dining room. The catering staff assisted the care staff with the serving of the food. The inspector noted that staffing levels were adequate to meet the needs of the residents during meal times. Where residents required assistance on an individual basis staff were assisting the residents with care in an unhurried fashion. Dessert and tea was provided at the end of the meal, one of the dessert choices was a home-made tart. Residents chatted to the inspector about the day to day service provided and many stated they enjoyed living in the centre.

The inspector spoke with both chefs who stated they had a good relationship with the nursing and care staff and described good communication between the different personnel. There was a plentiful stock of fresh, frozen and dry goods on view in the stores and fridges and the chef stated there never was a problem with supplies. Food was fortified if necessary on advice from the dietician. A folder which contained information on menus, fortification, information from the dietician and speech and language therapist and the residents' food preferences was available. Reports from inspection by other relevant authorities were available in the kitchen. There was a three weekly menu rotation in operation and the chefs stated that if a resident did not like what was on the menu, an alternative would be made available. Residents confirmed

this and said that food would be provided at any time of the day including the night if they required a snack. Staff were knowledgeable about the dietary needs and preferences of residents.

The inspector saw that staff recently attended training on nutrition and hydration in the elderly. Residents had the opportunity to raise issues regarding food with the chefs each lunchtime, at the residents meetings and through the complaints procedure. The complaints log was reviewed and while two complaints were recorded since the last inspection there were no complaints with regard to food and nutrition or the provision of end of life care. The inspector reviewed records of resident meetings. Any issues raised by residents, as regards to food were complimentary. While the person in charge had commenced a satisfaction survey of the meal time experience this was not complete.

The dining room was bright and spacious and provided adequate space to meet the needs of the residents. The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. The centre had a high percentage of maximum and high dependency residents. Many residents had their breakfast in bed and were assisted with activities of daily living at their leisure. The inspector spoke to some residents who had breakfast in bed and some who had breakfast in the dining room. All residents spoken with said it was their choice as to where they had their breakfast. Residents were given choice of cereals, juices, bread and toast at breakfast. The inspector noted that meal times were protected and there was adequate staff to meet the needs of the residents at meal times. Mid-morning and mid-afternoon snacks were served from a trolley and included hot and cold drinks and snacks.

The inspector examined training records which indicated that staff had attended a wide range of training. Some of these sessions were provided by the dietician and a speech and language therapist. Kitchen staff spoken with and staff training records reviewed demonstrated that staff had completed the following courses in hazard analysis and critical control point (HACCP). Specialist dietary requirements were catered for and kitchen staff relayed that the nurse in charge communicated changes to residents' needs.

A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was found to be losing weight a supplement was prescribed.

Subcutaneous fluids were also available for residents who were not able to partake of oral fluids. Fluid and food records were maintained for residents who had identified nutritional needs to require this.

If weight loss was identified the GP was informed and a referral made to the dietician. Nursing staff completed food and fluid diaries to assist the dietician with the assessment of the resident. The inspector reviewed care plans with regard to nutritional care and found that one care plan required updating as the residents had lost weight and a further supplement had been prescribed and was being administered but this was not reflected in their care plan. Residents with diabetes or other special requirements were provided with the appropriate diet and had a care plan in place to support their care.

**Judgment:**

Non Compliant - Minor

**Outcome 18: Suitable Staffing**

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

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

**Findings:**

In response to an action in the previous action plan a planned and actual rota to be put in place and was written in ink.

At the time of the last inspection there was a lack of evidence-based practice with regard to assessment and care planning and falls management. The inspector found that staff members require access to education and training to enable them to provide care in accordance with contemporary evidence-based practice. Some work had been completed in trying to arrange training for staff, training in nutritional care but not all staff had accessed training in this area or end of life care.

The action with regard to completion of documentation with regard to volunteers was completed. The inspector found that volunteers had their roles and responsibilities set out in writing and were supervised and supported while in the centre. Garda vetting had been obtained for all volunteers.

**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:**

Mary McCann  
Inspector of Social Services  
Regulation Directorate

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Plunkett Community Nursing Unit
<b>Centre ID:</b>	OSV-0000653
<b>Date of inspection:</b>	02/10/2014
<b>Date of response:</b>	04/11/2014

**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.

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 02: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

A copy of the annual review of the quality and safety of care delivered to the residents was not available.

**Action Required:**

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

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

An Annual Report of the Quality and Safety of care delivered to the residents to be developed for the year 2014

**Proposed Timescale:** 31/01/2015

**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:**

The nutritional policy required review.

**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:**

This is currently being reviewed by Nualtra for comment and then policy to be updated.

**Proposed Timescale:** 31/12/2014

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

**Theme:**

Person-centred care and support

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

Care plans were reviewed at four monthly intervals or as required in response to changing needs, however there was no narrative note or changes to the identified need in many instances although the needs of the resident might have increased.

**Action Required:**

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

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

A Narrative note to be written at each review and discussion to take place with resident/relative/significant other and discussion to be noted in the nursing notes

**Proposed Timescale:** 31/12/2014

**Theme:**

Person-centred care and support

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

One residents care plan with regard to nutrition required review.

**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:**

Nutritional care plan reviewed

**Proposed Timescale:** 03/11/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Person-centred care and support

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

This centre has multi occupancy rooms. A final plan with costing attached is required to be submitted to the Authority with regard to compliance in this area post July 2015.

**Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The HSE Service delivery unit including local staff at the CNU are working with HSE Estates, Galway on refurbishment plans for the existing unit to enable residents themselves, in so far as possible and CNU staff to care for the needs of residents at the centre, in accordance with the intent of Reg 17(1). The local HIQA inspector shall be kept informed of updated refurbishment works plans and the programme for delivery as part of the registration process.

**Proposed Timescale:** 27/02/2015

**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:**

A satisfaction survey of the meal time experience this was not complete

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at

mealtimes.

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

We are currently awaiting questionnaires to be returned, following this then a report will be compiled and acted upon

**Proposed Timescale:** 31/12/2015