

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St John's House
Centre ID:	OSV-0000101
Centre address:	202 Merrion Road, Dublin 4.
Telephone number:	01 269 2213
Email address:	admin@stjohnshouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Trustees of St John's House
Provider Nominee:	Graham Richards
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. 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 February 2016 05:00 To: 02 February 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to follow up on matters arising from an inspection carried out on 20 January 2014 and to monitor progress on the actions required. This inspection also considered information received by the Authority in the form of a concern and notifications forwarded by the provider.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents' needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents spoken to enjoyed the variety of activities and outings available and praised staff and management for the friendly helpful care they received.

Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections although further action is required in areas of care planning and premises.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. Effective management systems were in place to monitor the standard of delivery of care to residents. The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and worked full-time in the centre.

In conversations with staff and residents the inspector learned that the person in charge was approachable, supportive and actively involved in the centre. The person in charge was supported in her role by two clinical nurse managers (CNMs) who deputised in her absence.

The systems in place to monitor care included a monthly quality management meeting. This was chaired by the PIC and attended by representatives from each grade of staff in the centre. The meetings reviewed findings of audits carried out on aspects of care and services, both clinical and non clinical. Examples of audits included; medication management; slips/trips and falls; restraint and nutrition; maintenance of premises and health and safety.

Audits were carried out monthly by the CNM or staff nurse and reviewed at least quarterly by the person in charge.

Measures identified and implemented to reduce or prevent recurrences were reviewed and where necessary further measures were actioned. Learning from incidents resulting in consequences for residents were discussed with staff and improvements to systems for supervision, documentation and equipment checks were found to have been made. Recent changes to the process included the use of a corrective action plan which concentrated solely on the level of improvements required to raise standards of care.

Audit processes were updated to require the achievement of 90% before being deemed compliant with the standards.

Good governance procedures, together with an emphasis on quality care provision and a good advocacy culture contributed to a safe protective and supportive environment for all residents particularly vulnerable persons with dementia.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak to if they were concerned.

Staff spoken to confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and some care plans were updated.

Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased. There were risk assessments completed for residents who had bed rails in place and of those reviewed, it was noted that considerations were explored prior to the use of the bed rail.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Actions arising from previous inspections relating to window restrictors, smoking risk assessments and falls management were addressed.

All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. All fire records were checked and appropriate servicing was in place.

Staff told the inspector they practiced fire drills on a weekly basis and this was confirmed on review of records which included activation of the fire alarm, staff knowledge of resetting fire panel and horizontal evacuation procedures and where the assembly point was situated.

Staff were also aware of the procedures in place to monitor residents at risk of leaving the centre without staff knowledge. A detailed emergency plan was in place and a pack including high visibility jackets, torches and communication systems were available. Personal evacuation plans were in place to guide staff on the level of assistance needed to evacuate each individual resident. These included issues related to mobility, vision hearing and cognition. However it was noted that it did not identify whether there was a risk of the resident being un-co operative during an evacuation or whether close supervision was needed following evacuation.

This was discussed with staff who undertook to update these plans immediately. A risk register was established which was regularly reviewed and updated.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dietician speech and language therapists, physiotherapy and occupational therapist reviews.

The inspector was told that where residents attended clinic appointments they were usually accompanied by a member of staff, relative or other responsible person. The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure health care plans reflected the care delivered and were amended in response to changes in residents' health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents' overall health. Some care plans were generic in nature and were not person centred.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. The care plan in place to manage these needs did not fully guide staff on the signs to look for as

potential triggers to responsive behaviour. The plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence.

In a sample of nutrition care plans, it was noted that they did not include the periodic use of sub cutaneous fluids to maintain hydration where residents were not taking enough fluids orally. Care plans had not been updated to include changes to conditions where some residents had been observed to have difficulty swallowing and/or had experienced an incident of choking. Interventions to manage these risks and updates on referral and reviews by speech and language therapists were also not included. Although it was found that long term regular staff were familiar with their residents needs and could recognise changes to their demeanour, for new, inexperienced or replacement staff care assessment and planning documentation was not sufficiently explicit to direct care.

Residents social care and mental well being was provided for. Two activity co ordinators were rostered each day Monday to Friday to deliver a programme of activities to residents.

The sitting room where the majority of residents spend their day was supervised and apart from short periods at least one staff member was present to ensure resident safety. The activity programme included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, card games, exercise and relaxation therapies. The inspector learned that Sonas or Sims (music and sensory therapy) and other dementia specific activities were used although not specifically mentioned in the programme. However, only one activities person was working on the day of inspection which limited the delivery of the programme. It was noted that although the staff person chatted intermittently to residents, there was very little stimulation for many. Some were observed reading or knitting, but although TV's were on, the volume was low and many residents either slept in their chairs or spent their time observing the street life through the window of the sun room which overlooks a busy main road. The inspector spoke to the activities co-ordinator and learned that that one to one time was scheduled for all residents including those who could not participate in the group activities, or preferred to spend the day in their bedrooms. It was found that these 1;1 activities reflected residents past interests or pastimes where possible such as prayers, reading and music. However, it was found that activity staff were limited in their capacity to meet residents needs in this area as the time given to these 1;1 sessions was not structured to ensure all residents who need this received it on a regular basis.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The findings of this inspection replicated those of the registration inspection in November 2014 where aspects of the premises required improvements in order to meet the requirements of Regulation 17 and Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings for Older People.

In discussions with the PIC the inspector was told that plans to extend and renovate the centre previously sent to the Authority as part of the action plan response to the registration report were finalised. Building works are expected to commence in March 2016.

A detailed phasing of the works have been notified to the Authority and the PIC provided assurances that Health & Safety plans are ready to ensure appropriate risk management processes to minimise any negative impacts of the new build on residents safety and quality of care. The PIC agreed to provide an overview of these plans to the Authority as part of the action plan to this report and to confirm the date of commencement of the building works when known.

In view of the assurances received and as the Authority have received explicit timeframed and costed plans to ensure the premises come into compliance an action has not been included in this report.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. Some also contained items of furniture with sentimental value.

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:

In conversation with residents the inspector was told that they received ample amounts of nourishing varied and well presented food.

But it was found that improvements were required to the standard of the breakfasts. The inspector found that breakfast primarily consisted of juice, porridge, weetabix or other cereal, toast or bread. Tea or coffee. The chef arrived early to cook porridge and make toast. All elements of the breakfast such as the porridge and pre buttered toast along with the hot beverages were placed on individual trays. Every resident had their breakfast served to them in their bedrooms. Pre set trays with condiments were loaded onto trolleys in groups of approximately 12. There were three trolleys. All breakfasts were placed on each tray and all left the serving area at the same time. This took approximately 20 minutes. The inspector checked the temperature of a sample of the porridge which had been ladled into cold bowls. The porridge had cooled considerably. The toast was placed on a plate and the plate put on top of the porridge in an effort by staff to keep it warm. But it had already gone cold.

The inspector overheard one resident asking if the tea was hot and later in conversation with them some residents complained that the breakfasts were often cold.

This issue was brought to the attention of the PIC who agreed that the system in place needed to improve to ensure breakfasts were served at optimal temperatures.

The variety of breakfast options also required to be reviewed. The inspector learned that full cooked breakfasts or variations of cooked options such as sausage, bacon, boiled or scrambled egg were not usually given as they were rarely requested. But it was noted that as the majority of residents had a formal diagnosis of dementia or some level of cognitive impairment, there was little to evidence they had the capacity to ask. It was found that alternatives were not offered on a sufficiently regular basis for residents to remember and accept a different option. This was also brought to the attention of the PIC.

Judgment:

Non Compliant - Moderate

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):**Findings:**

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

Actions required from the previous inspection related to a review of night nursing staff numbers. Information in the form of a concern was also received by the Authority in relation to night staffing. This findings on this inspection did not concur with the information received. The inspector arrived early in the morning to review the staffing arrangements. It was found that staffing had been reduced by one healthcare assistant and there were now two healthcare assistants and one nurse rostered on night shifts. The bed capacity in the centre had also been reduced by seven from 46 down to 38 and on this inspection there were 35 residents and three vacancies. But it was also noted that an additional twilight shift for a healthcare assistant was in place from 14:00 to 22:00 hours to facilitate meeting residents needs during the early part of the night which staff stated was very effective.

The inspector observed that although staff were constantly busy, they responded to residents needs in a timely and respectful manner and with a good humoured disposition. Supervision checks were also maintained throughout to ensure safety of residents identified as being at high risk of falls or wandering.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover (by own staff)for planned and unplanned leave. Actual and planned rosters were in place.

It was noted that regular staff provided relief to maintain consistency of care. Appropriate and sufficient supervision and guidance, auditing of care delivery and implementation of care interventions by the senior management team were in place. Updates on residents' healthcare and care delivery were in the form of staff handovers. These communication meetings took place at shift changeover times between day and

night staff and also at midday. But although most staff were up to date on residents current status it was found that the content of the information needed to be reviewed so that those staff who were off duty for periods longer than one or two days were fully informed of all the changes relevant to meeting residents' needs in full.

Staff spoken too told the inspector they had received mandatory training in areas such as fire safety, moving and handling and prevention of elder abuse. In conversations with them and on observation the training provided was noted to be implemented in practice. A training plan for 2016 was being drafted although not yet fully scheduled. This included mandatory training on moving and handling, fire safety and prevention of elder abuse as well as training on clinical areas such as medication management, cardio-pulmonary resuscitation; wound care and diabetes.

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:

Nuala Rafferty
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:	St John's House
Centre ID:	OSV-0000101
Date of inspection:	02/02/2016
Date of response:	24/02/2016

Requirements

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

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

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need. All care plans did not include the recommendations of allied health professionals.

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

1. 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:

All nurses have been advised to prepare new care plans for all residents commencing with the comprehensive care plan which should be person centered, specific to the resident current needs, to develop a picture of their preferences based on current likes, to note a previous history and how this can influence current preferences.

All residents will be assessed according to needs arising from medical, nursing, social, emotional and psychological, end of life, spiritual, and risk assessment. Staff will use these assessments to highlight any care deficits and flag areas of care required to enhance quality of life.

Care plans will include interventions appropriate to the residents needs and will be specific to the needs, behaviours, triggers, management techniques, benefits to the resident and effectiveness of the plan.

Care plans will specify interventions on relevant clinical treatments such as sub cutaneous fluids currently prescribed in the medical prescription and the triggers for their utilisation on a daily weekly and monthly basis.

Care plans will include recommendations by other health professionals and to include interventions which reflect these recommendations. They should specify dates for review which lead to evaluations in specific times frames. The outcomes of evaluations should influence the follow up care required for the resident. The progress notes will include all changes and recommendations arising from updates in nursing assessments, medical and health professional recommendations and will be reflected in the care plan.

Training on Person Centered Care and care planning will be provided for all staff as part of the continuing education programme on a group and individual basis. This is currently under discussion and will commence in March 2016

Proposed Timescale: 30/04/2016

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. 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:

Improvements in care plans which describe more accurately the care needs of residents will be used to report on the effectiveness of the interventions described in the care plan.

Effectiveness of care plans will be reported in the progress notes on a daily basis. Effectiveness of interventions will also be reported in the evaluation of the care plan every 4 months or more frequently if required. Evaluation will always include a narrative about the care provided.

This will be incorporated into discussions with the resident of their family and will take into consideration the residents lived experiences life story and personality.

The evaluation will establish how effective the care plan is and adjustments to care plans will guide care.

A restructuring of the activity programme to include scheduled individual and group sessions will commence the first week in March under the supervision of an occupational therapist. This will see the completion of activities and interest assessments and recording of life stories currently underway.

A weekly plan of activities will be documented for both residents and staff.

The range of activities available will be clearer.

Proposed Timescale: 30/04/2016

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:

The system in place to ensure all elements of residents' breakfasts were at the optimal safe temperature when each resident received it was not effective.

3. 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:

A meeting was arranged with the catering contractor and the Chef manager to discuss systems changes required to improve the temperature of the breakfast at the point of delivery to the resident. The following improvements have been made.

Hot bowls are available for porridge every morning

Teapots are pre heated before boiling water is added to tea.

The number of trays taken to rooms at any one time is reduced to four to enable speed of delivery.
Toast is prepared immediately before being served to the tray improving the temperature.
Weekly checks of the temperature of the breakfast is carried out by the chef

Proposed Timescale: 24/02/2016

Theme:

Person-centred care and support

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

Evidence that alternatives were offered on a sufficiently regular basis for residents to remember and accept a different breakfast option was not available.

4. 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:

Residents are offered a choice of cooked breakfast daily as part of the menu choices. This is a new addition to the menu.

Residents with cognitive impairment are also reminded daily that they may avail of a cooked breakfast if so desired. They are also reminded that they choose to have a cooked breakfast and have the option to refuse if necessary.

Proposed Timescale: 24/02/2016