

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Centre address:	Castlerea, Roscommon.
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Email address:	gerard.mccormack@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Siobhan O'Sullivan
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 August 2016 12:00 To: 23 August 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 and it was the ninth of this centre undertaken by the Authority. During the inspection the delivery of care, support to residents and the service of meals were observed. Documentation such as care plans, accident/incident reports, medication administration records and records related to health and safety were reviewed. The inspector talked with residents and with varied members of the staff team during the inspection.

Aras Mhathair Phoil is a community nursing unit that is operated by the Health Service Executive (HSE). It provides care to people in the Castlerea and surrounding areas and the service includes long term continuing care and short term respite care. A refurbishment of the centre was near completion when this inspection was undertaken. The inspector viewed the premises and found that the work completed had enhanced the environment for residents. Rooms were single or double occupancy, a tracking hoist system had been installed in all single rooms and facilities such as toilets and bathrooms were accessible and reflected good standards for accessibility. For example, there were handrails on both sides of toilets, showers

were floor level and there was contrast in the colours used for handrails and the areas behind sinks to highlight their location for people who have problems related to confusion or who have vision problems. Areas used for specialist treatments such as physiotherapy were appropriately equipped and there was adequate storage for residents' belongings and equipment.

Residents that the inspector talked to said that they were very satisfied with the service provided. They described aspects of the service that they valued and this included: "the dedication and commitment of staff" and the "care and attention provided". One resident said they "staff had made the place very home like and involved us in everything that was going on". Residents also said that they had good access to doctors and to other specialists when they needed them. They described their personal spaces and communal areas as comfortable and they were pleased that the works underway were near completion. Residents also said they enjoyed a range of activities and said that they were "well entertained".

Care, nursing and ancillary staff conveyed a comprehensive understanding of residents' individual needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged with their treatment programmes and activities. The inspector found that some residents had made significant improvements and had achieved significant levels of independence through their rehabilitation programmes. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on arrange of evidence based assessments. The inspector found that while the standard of care planning was generally good, some records required improvement. For example, records that outlined nutrition intake were not complete and did not give an accurate overall view of nutrition intake. The care records did not reflect social care needs or the choices of activity that residents had available.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was visibly clean. The refurbishment work was almost complete and staff were organising the revised layout to ensure maximum benefit could be achieved for residents and for the operation of the centre. The use of rooms for the storage of equipment and the communal space for residents were aspects that were being reviewed. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated.

The clinical nurse manager, nurses and staff demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge including the notifications that had to be made to the Authority. The inspector found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspection of the centre was conducted on 16/17 February 2015 for the purpose of registration renewal. The inspector found that while there was a good standard of compliance in many areas deficits were found in the premises layout, in social care provision and in the way care plan records were completed. These areas were reviewed during this inspection and the majority of action plans had been addressed including the premises matters which had received attention during the recent refurbishment. The action plan at the end of this report outlines the issues identified during this inspection that require attention to meet legislative requirements.

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):

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

Findings:

The inspector found that the centre was well organised and that staff were clear about their roles and responsibilities. A clinical nurse manager was in charge and she was familiar with residents' care needs, the staff allocations, the previous inspection reports and the premises update that was almost complete.

An action plan in the last report had been addressed. The inspector found that there was a system in place to ensure consultation with residents took place and the proceedings of these consultation were recorded and used to inform care plans and guide care practice.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been a change to the person in charge arrangements since the last inspection. The role is now undertaken by a person in charge who is responsible for this centre and another designated centre-The Plunkett Community Nursing Unit located in Boyle, Co. Roscommon.

The person in charge is a registered nurse and has extensive experience in the care of older people and relevant professional qualifications that meet the legislative requirements for persons in charge as required by Regulation 14-Persons in Charge. He was not on duty when this inspection took place. A clinical nurse manager was in charge and throughout the inspection, she demonstrated knowledge of the Regulations and the professional and legal responsibility she held while in charge. Residents were aware of who was in charge and told inspectors that if they had any concerns they would inform carers or the nurse in charge and expressed confidence that their concerns would be dealt with promptly.

Judgment:
Compliant

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:

The centre had a well established and generally well organised administration system. The inspector reviewed a range of documents, including residents' care records, duty rotas and training records. The inspector found that overall records were maintained in a manner so as to ensure completeness and accuracy. Improvements to some records were required.

The inspector reviewed a number of records that related to nutrition including fluid and food intake charts. While some records were complete this was not a consistent finding as some records did not provide a complete overview of the food or liquid consumed. For example, tea, fortified liquids and milk were described in the records. However, the quantity was not outlined and the records in some cases were not totalled so did not provide a full record of the food provided in sufficient detail to enable anyone inspecting the record to make a judgement that the diet was satisfactory in relation to nutrition or

otherwise as required.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents were protected from harm and from abuse. The Health Service Executive policy and procedures for the prevention, detection and response to allegations of abuse- Safeguarding Vulnerable Persons at Risk of Abuse was in place. Staff had received training in adult protection to safeguard residents and to protect them from harm and abuse and further training was planned for September and October to ensure all staff were up to date with information and the procedures to follow if an allegation of abuse was suspected or alleged.

Staff could describe what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. Staff described changes that could indicate abuse such as changes in behaviour and anxiety and were aware of the different types of abuse.

There was a visitors' record at the entrance that enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to said that they felt safe in the centre. They said that staff were "always around" and that they could call for help and have staff with them within a short time.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed.

There were two residents with fluctuating behaviour patterns however staff said that these did not present any management problems. Staff could describe interventions such as one to one support, distraction such as engaging residents in activity and in conversation as ways of effectively managing responsive behaviours to protect the dignity of the resident.

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:
The inspector found that the arrangements in place to promote and protect the health and safety of residents, visitors, and staff were appropriate and met legislative requirements.

The centre was visibly clean. Hand hygiene dispensers were located at various points that were readily accessible to staff who were observed to adhere to hand hygiene procedures as appropriate when they moved from one area to another and between activities. Personal protective equipment (disposable gloves and aprons) were also provided. Infection control practices were observed to be satisfactory and staff had attended training in infection prevention and control.

The fire safety arrangements were satisfactory and could be explained by staff. There was information to guide them if the centre had to be evacuated and there was a summary of the requirements for each resident in such a situation. The dependency level, area accommodated and if equipment such as evacuation sheets or wheelchairs were required was outlined to guide staff. Fire doors and fire equipment were checked weekly and these checks were recorded. Fire drills were noted to have been undertaken in December 2015, and on two dates in May 2016. The record of fire drills conveyed that evacuation, the use of fire blankets and the actions to take if clothing caught fire were topics covered during the exercises.

Equipment such as the emergency generator, the fire alarm and fire extinguishers were serviced on a contract basis. There was a daily check of fire exits to ensure that they were unobstructed and safe to use. These checks were noted to be up to date and no issues had been detected.

Moving and handling practices were observed to be safe and in accordance with good practice. Staff approached residents and reminded them of the procedure before they started to use any equipment and wheelchairs and hoists was noted to be used safely, competently and in a manner that ensured residents' comfort and dignity.

Judgment:
Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed that medication was administered and stored safely and securely in accordance with the centre's policy and An Bord Altranais agus Cnaimhseachais na hEireann (Nursing and Midwifery Board of Ireland) guidelines. There were written procedures and policies to guide and inform staff in relation to the ordering, prescribing, storing and administration of medicines to residents.

Each resident's medication was individually stored and was clearly labelled for their use. Particular instructions for administration such as the use of liquid preparations or crushed medication were outlined in administration records.

Medications that require specific precautions and controlled drugs were stored safely and appropriately. The supply was checked twice daily by two nurses and the required register for controlled medications was maintained and was noted to be up to date.

The prescription records included the appropriate information such as the resident's name and address, any allergies, and a photograph of the resident. The General Practitioner's signature was present for all medication prescribed as well as discontinued medication. Maximum doses of PRN (as required medication) was recorded in medication charts reviewed. Staff nurses were well informed about the medication in use and residents' specific needs in relation to medication management.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 22 residents accommodated in the centre during the inspection. The occupancy level had been reduced while the work on the premises was underway to reduce the impact on residents and respite care had been suspended temporarily. Staff said they hoped to gradually resume normal activity. All residents were assessed as having maximum or high level care needs. Some residents required high levels of nursing care and had complex health conditions as well as cognitive impairment. The majority had more than one medical condition in receipt of active treatment.

The arrangements to meet residents' assessed needs were set out in individual care plans. There were two action plans in the last report that identified where improvements in care plans were required to meet legislative requirements. The assessments completed at that time did not inform care plans, there was poor evidence that residents and others had been consulted when care plans were completed and daily records did not convey the range of care and treatment provided to meet care needs identified. During this inspection the inspector found that these matters had largely been addressed. Consultation with residents was now clearly documented and the views of residents were included in care plans and in the regular reviews of care plans. For example the inspector saw that residents' views on how they wanted their privacy respected was recorded and adhered to by staff. Views on how they expected their independence to be supported as well as how they wished their day to day life to be organised were also recorded. The inspector found standards of health and social care met the needs of residents. Personal and health care needs were described clearly and interventions were noted to be responsive and timely when care needs changed. There was appropriate access to medical and allied health care professionals including physiotherapists, speech and language and dieticians.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. There was an action in the last report in relation to the maintenance of care plans which were found not to reflect information recorded in assessments. This had been addressed and the inspector found for example that where a nutritional risk was identified there was a corresponding care plan for the management of nutrition that referrals for specialist advice and recommendations made as a result of consultations were outlined in care plans to guide and inform staff.

Reviews of residents care were found to provide a summary of progress and reflected changing needs and conditions. This was demonstrated by information on the progress made by residents who had active rehabilitation programmes in place and who were becoming more independent and active as a result. Reviews were also found to include information on how residents were adapting to the move to residential care and including information on how their anxiety had reduced and in some cases how their general health and well being had improved. Residents interviewed told the inspector that the loneliness and isolation that had caused them anxiety at home was no longer a problem and they felt that the decision to move had been a "good decision for the positive effect it had".

The inspector reviewed four resident's care plans in detail and certain aspects of other

care plans where residents had nutritional issues, wound problems or behaviour that required additional support or supervision. The clinical risk assessments completed for wound vulnerability, dementia and nutrition were up to date and were linked to care plans that described the interventions required to maintain residents' well being. For example, a wound care problem that was now healed had an appropriate care plan in place for the duration of time it had required attention.

There was good access to allied health professionals and their assessments were recorded with associated instructions that staff were observed to follow. For example weight records and nutritional assessments that underpinned the use of food supplements or dietary restrictions were updated regularly and progress was clearly recorded. However the inspector noted that food and fluid records required attention as they were not fully complete in some cases and did not give an accurate view of the food or liquid given over a period of time. For example some records viewed described tea or supplements given but did not indicate the quantity given at any time and therefore could not provide a complete and informed view of residents' intake. Nutrition records are described for attention under outcome 5-Documentation. There was a record of the residents' health condition and treatment given completed at a minimum daily.

Staff demonstrated good knowledge of residents' backgrounds and levels of orientation which they used effectively when talking to them and when they engaged them in reminiscence activity. Care practice reflected residents interests for example where residents liked music staff made sure that the type of music was available either live or on radio.

The fixtures and fittings in many areas were gradually being renewed and more home like furnishings were being added to complement the existing furnishings. The inspector noted good improvements with this initiative. Sitting areas were comfortable and had fire places, dressers and ornaments that added interest. The centre had an accessible garden which had several interesting walkways and ornamental features. Residents had varied activities to do such as listening to local radio when formal activities were not underway.

Care plans reflected residents' cognitive status and this was based on a formal assessment tool however the inspector found that in general the information available was adequate to guide staff practice. There was information on what ability residents retained such as capacity to get dressed, recognise staff and family members and ability to participate in a group activity.

The inspector saw that there were good protocols in place for the exchange of information at the time of admission and discharge. The clinical nurse managers said that this had been developed to ensure safe transitions between the centre and home, other designated centres and hospitals in accordance with regulation 25-Temporary Absence or discharge of residents. The procedures to follow were displayed in the nurses' office.

Residents had opportunities to participate in activities that were meaningful such as music sessions, singing, local news and discussions that suited their needs, interests and capacities. Activity was usually undertaken by health care staff with sessional input from

external people for particular events. Residents said they enjoyed discussing the news, reading the papers and chatting in addition to regular organised activities. The inspector found that social care interests and participation in activity required more attention as it was difficult to determine from records what activity choices residents had or what activities residents actually attended. Records included comments such as "include in planned activity" but did not have information on residents' interests or the regular activities that were scheduled.

Judgment:
Substantially Compliant

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):

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

Findings:

The bedroom accommodation which had been subject of an action plan in the last report due to the prevalence of bedrooms that accommodated more than two residents had undergone extensive refurbishment. The capacity of bedrooms had been reduced to double rooms and ensuite facilities had been provided in many rooms.

The standard of decoration throughout was noted to be good. There was adequate communal space for the number of residents accommodated. A number of dementia friendly design features had been included as part of the premises upgrade. These included good contrasts in the colours used for floors and walls, good use of natural light and fixtures such as wash hand basins were set against a distinct background colour to improve visibility. Shower areas had appropriate accessible aids and residents had a choice of having a bath or shower.

Single bedrooms had overhead tracking to enable moving and handling manoeuvres to be undertaken without the need for mobile hoists which were difficult to manage within the confines of some bedrooms. There was over bed lighting to enable residents to use lights independently if accommodated in shared bedrooms. A range of specialist pressure relieving equipment was available when residents required such equipment. The inspector noted that residents' personal spaces had photographs, personal items and ornaments on display.

The premises were visibly clean and tidy when viewed. Staff were reviewing how the revised layout could best be used to meet the needs of residents particularly how communal areas could be used most effectively to meet residents needs and how storage requirements could be met.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge had ensured a well-trained and competent workforce was available to care for residents. There was an ongoing training programme in place that included the statutory topics of manual handling, fire safety and adult protection and topics such as dementia care, legal aspects of consent, dignity at work and infection control. The inspector observed that staff provided care in a respectful, friendly manner to residents. They were noted to respond promptly when residents called for assistance and communal areas had a staff presence throughout the day.

The inspector found that the number and skill-mix of staff available on the day of the inspection were sufficient to meet the assessed needs of residents, including residents with dementia and people who had rehabilitation needs. This was confirmed by the staff roster. The roster also indicated that a nurse in addition to the clinical nurse manager was on duty when the clinical nurse manager was in charge of the centre.

Staff were observed to be supportive to residents and responsive to their needs. The inspectors spoke to staff and found that they were knowledgeable about moving and handling practices and the safety measures to be observed in relation to infection control.

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:

Geraldine Jolley
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:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Date of inspection:	23/08/2016
Date of response:	24/10/2016

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 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:

Some nutrition records did not provide a complete overview of the food or liquid consumed. For example tea, fortified liquids and milk was described however the quantity was not available and the records in some cases were not totalled so did not provide a record of the food provided in sufficient detail to enable anyone inspecting the record to make a judgement that the diet was satisfactory in relation to nutrition or otherwise as required.

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 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

The Nutrition Record has been updated to ensure that the quantity of liquids are documented.

A follow up memo will be sent to all staff to direct them to record the amounts on to the chart

Proposed Timescale: 31/10/2016

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

Effective care and support

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

Social care interests and participation in activity required more attention as it was difficult to determine from records what activity choices residents had or what activities residents actually attended. Records included comments such as "include in planned activity" but did not have information on residents' interests or the regular planned activities that were scheduled.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The activity plan will be reviewed taking into account Residents choice.

A proposal will be sent to Head of Social Care regarding an Activity Co Ordinator for the unit.

We have implemented a daily participation in social activities sheet for each resident. Care plans will be updated to reflect personal interests

Proposed Timescale: 31/12/2016