<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Santa Sabina House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000159</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Navan Road, Cabra, Dublin 7.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 868 2666</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:deepa.baby@santasabinahouse.com">deepa.baby@santasabinahouse.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dominican Sisters</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maighread Ni Ghallchobhair</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
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: 21 October 2015 10:00  
To: 21 October 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection was an unannounced monitoring inspection. The inspector followed up on recent changes to the management structure and on action plans from the last inspection. As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as resident assessments, care plans, medical records, accident logs, policies and procedures.

The centre is registered to accommodate 36 residents and there were 33 residents on the day of inspection with one in hospital, leaving two vacant beds. Those spoken with were happy, comfortable and engaged throughout the day with a variety of activities to choose from. Staffing levels on the day of inspection were appropriate and the inspector met with newly employed staff.

The provider and the person in charge were found to be operating in compliance with the conditions of registration and the service was in compliance with four of the eight outcomes inspected. The inspector confirmed that the nominated person on behalf of the provider had fully addressed the actions under three of the four non compliant outcomes on the last inspection.
The inspector found that the governance structure in place was relatively new as there had been almost a complete turnover in the team. All three were clear about their roles and responsibilities within the team. The four outcomes not met related to issues including staff not receiving a high level of supervision, this resulted in one resident not being fully assessed on return from hospital and some residents' care plans not being completed and medication administration practices which were not in line with best practice guidelines. Clinical audit tools were being completed on a variety of aspects of clinical care however, some were not robust enough. Medication management practices required improvement. Staff vacancies remained and further nursing staff training was required. An annual audit of the service had not been completed for 2014.

The action plans at the end of this report reflect these non-compliances.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There had been a number of changes to the management structure since the last inspection. There was now a newly appointed nominated person on behalf of the provider and a change of clinical nurse managers. The nominated person on behalf of the provider had been interviewed prior to this inspection and had been deemed fit to hold the post. She worked in the centre two days per week supporting the person in charge. Three clinical nurse managers (CNM) had left the service since the last inspection. The number of CNM posts had been reduced to two, only one of which had been filled to date. The newly appointed clinical nurse manager was in charge on the day of inspection, as the person in charge was off duty. It was her first job in management however, she did have the required experience and qualifications to manage the centre in the absence of the person in charge. She had good clinical knowledge of the residents and was in the process of familiarising herself with the Health Act 2007. Both the provider nominee and person in charge came into the centre to support her during the inspection and attended the feedback meeting.

The person in charge had put systems in place to ensure that the quality of the service provided was monitored. These systems included reviewing and monitoring the quality and safety of care and the quality of life of residents each year. Audits on areas of clinical practice such as the use of restraint, nursing documentation, medication errors and falls were just some of those being completed on a monthly basis by the person in charge. The results of these audits indicated that the standard of care being provided had improved, there was a reduction in the use of restraint, the number of medication errors and the standard of nursing documentation. However, the findings of some of these audits did not reflect the inspector's findings on the day of this inspection. For example, the inspector found the monthly documentation audit reflected a high level of compliance but the inspector found evidence of non compliance as reflected under outcome 11.
There was evidence of consultation with residents and their representatives. Both groups had been issued with a satisfaction questionnaire. Analysis of the feedback was positive overall however, there was no evidence that issues identified had been addressed or formed part of an annual review of the centre.

The person in charge worked full time and she had commenced a Masters in Management which she was being supported to undertake. The new clinical nurse manager required supervision hence the vacant clinical nurse manager post needed to be filled to ensure there was a strong supportive management team in place.

An annual review of the service had not been completed to date.

**Judgment:**
Non Compliant - Major

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**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 was a clearly defined management structure which identified the lines of authority and accountability in the centre. The provider and person in charge worked closely in the governance, operational management and administration of the centre. Both were known to the residents.

The person in charge was in post for two years, worked fulltime and demonstrated good clinical knowledge, knowledge of the legislation and her statutory responsibilities. She was also supported in her role by a newly appointed provider nominee and clinical nurse manager. However, as mentioned under outcome 2 there was one clinical nurse manager post which remained vacant.

**Judgment:**
Compliant

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**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.
**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:**
All policies including the policy in relation to food safety were available for review. However, as evidenced under outcome 12 not all policies were reflected in practice.

**Judgment:**
Compliant

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**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 protect residents being harmed or suffering abuse. Residents and relatives told the inspector they felt safe in the centre and there was a policy and procedures in place for the prevention, detection and response to abuse. Staff spoken with demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place.

There was a policy in place for the safe management of residents' monies. This was not managed by staff but sisters from the organisation who supported staff in the centre.

None of the residents currently displayed behaviours that may challenge. The use of restraint in the centre had been reduced dramatically since the last inspection. Alternatives to restraint had been purchased and made available for staff to use. A very small number of residents had bedrails and/or psychotropic drugs in use as a form of restraint. Those with restraint in use had assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded. Residents with bed rails in use all had a safe environment care plan in place.
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):
No actions were required from the previous inspection.

Findings:
There was a risk management policy in place which met the regulatory requirements. Environmental risk assessments were completed for all areas of the environment and were updated on a regular basis. There was a safety statement displayed by the reception desk. There was an emergency plan in place and it gave clear instructions to staff of what to do in the event of an emergency.

The inspector saw that there was adequate means of escape and fire exits were unobstructed. The fire records reflected that the fire alarm was checked quarterly, emergency lighting six monthly and fire extinguishers on an annual basis by fire professionals. Records showed staff checked fire escapes on a daily basis and fire doors on a weekly basis.

There was evidence that they had all received fire safety training in 2015. Fire drills were practiced on a regular basis with staff and residents were involved in some practice fire drills.

Manual handling practices were not observed on this inspection. However, the inspector saw on the inspection in March 2014 that all staff had up-to-date refresher training in place.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Medication management required review. The written operational policies relating to the ordering, prescribing, storing and administration of medicines were available for review. The inspector found that practices did not reflect the policy.

Records reviewed showed that all staff had completed medication management training online since the last inspection including newly appointed staff. However, medication administration practices observed on inspection did not reflect the centres policy or An Bord Altranais agus Cnáimhseachais na hÉireann "Guidance to Nurses and Midwives on Medication Management" (July 2007). The inspector saw that staff were not checking the residents’ prescription charts signed by their general practitioner prior to administering medications to the resident. The inspector observed staff checking medications off the unsigned pre-printed sheet which was issued with medications when dispensed from the pharmacy. This was discussed with the person in charge and staff nurses on duty at the time of inspection.

Medication storage within the medication trolley required review. Staff were storing residents individual packets of medications on a tray beside a photo of the resident. This had the potential to increase the risk of medication errors.

The person in charge was conducting monthly medication management audits. These audits showed that there were two to three medication errors occurring per month. However, on review of one resident's chart the inspector saw up to seven medication errors over a two week period. These errors had not been reported by staff nurses therefore, they were not being picked up on during audits of medication management. On the action plan of the last inspection the Authority were informed that agency staff employed in the centre would not be administering medications, the inspector saw they were, even when the centres own staff nurses were on duty. The inspector concluded that poor administration practices, storage practices and staff, unfamiliar with residents, administering medications were contributing to medication errors. The audit tools being used were not capturing all aspects of the medication management policy.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.
Findings:
Each resident’s wellbeing and welfare was maintained however there were gaps in residents’ records. Two residents’ nursing documents were reviewed and both required improvement to ensure a high standard of nursing care was delivered at all times.

The inspector saw evidence that residents’ health care needs were being met through timely access to General Practitioner (GP) and allied health care team members. The GP for most residents visited the centre twice per week to review residents. They were being referred to allied health care professionals such as nutritionist and tissue viability nurse without delay.

Two residents' had been identified with pressure ulcers and reported to the Authority. They both had been reviewed by the tissue viability nurse however there wound assessments or care plans had not been updated with recommendations made by the tissue viability nurse. One residents pressure relieving mattress was set too high for her recorded weight neither the pressure relieving mattress, weight or turning regime were not reflected in the residents care plan.

The inspector reviewed the nursing documents of one resident who had sustained a serious injury post a fall which the Authority had been notified of. The resident required surgery and had returned from an acute hospital stay. The residents had not had a comprehensive assessment completed on her re-admission to the centre. In addition, she did not have a pain assessment tool completed on her return or since although the resident had been and was receiving prescribed pain relief medications. Therefore, it was not evident if the pain relief was effective.

The inspector found that the two residents nursing documents reviewed did not reflect the assessed needs of the resident in question and/or the actual care required or prescribed by the allied health care team. However, the monthly documentation audit was finding 80-100% compliance with records reflecting practice.

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

**Findings:**
The numbers and skill mix of care staff were appropriate to meet needs of residents on the day of inspection. However, the inspector was told there had been a large turnover of staff recently. This had resulted in the use of agency staff to ensure residents’ needs were met. A number of these vacant posts had recently been filled, a fulltime staff nurse and clinical nurse managers post remained vacant.

There was an actual and planned staff rota which now included the names of maintenance and administration staff. The surname of agency staff was also entered in the rosters. The inspector saw that there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good.

The inspector found on the last inspection that there were effective recruitment procedures in place and all staff files included all documents outlined in schedule 2. They were not reviewed on this inspection. Mandatory training had been completed by all staff just prior to the registration inspection carried out in October 2014, it was not reviewed on this inspection. The inspector found that although staff nurses had completed medication management training in early 2015 it was not reflected in practice. Staff nurses also required further training in completing nursing assessments and care plans and pressure area care.

Staff meetings were taking place on a regular basis and the person in charge was completing annual appraisals with staff on an annual basis and more frequently with staff on probation. However, the supervision of staff required improvement to ensure practices such as those mentioned under outcome 11 and 12 improved.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

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

**Report Compiled by:**
Sheila McKevitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Santa Sabina House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000159</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>21/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/11/2015</td>
</tr>
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</table>

**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:**
An annual review of the quality and safety of care delivered to residents in the designated centre had not been completed for 2014.

**1. Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
Arrangements are made to complete an annual Quality analysis to assess the quality of service provided during the year. This report will be finalised by the end of January for this year and every year from now to assess the quality of service provided from January to December in the previous year.

**Proposed Timescale:** 31/01/2016  
**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no evidence that issues brought up by residents and their representatives had been addressed.

2. **Action Required:**  
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

**Please state the actions you have taken or are planning to take:**  
Satisfaction survey was conducted in 2014 for residents and their representatives. Action plans were documented and issues identified were resolved after the survey. From now on there will be an extra section in the survey report to document the actions taken following the satisfaction survey. Under this section, implementation of actions completed will be clearly documented with dates.

**Proposed Timescale:** 31/01/2016  
**Theme:**  
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
One clinical nurse managers post remained vacant.

3. **Action Required:**  
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**  
We are actively searching to find a suitable candidate with good experience in care of the older people service. Because of the national shortage of nurses this is proving difficult but the search is ongoing.
**Proposed Timescale:** 31/01/2016

<table>
<thead>
<tr>
<th><strong>Outcome 09: Medication Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Safe care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Medications were not been administered as prescribed or in line with An Bord Altranais agus Cnáimhseachais na hÉireann &quot;Guidance to Nurses and Midwives on Medication Management, July 2007.&quot;</td>
</tr>
</tbody>
</table>

4. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Present staff have attended both on site and on line training in medication management. We will continue our pre-planned induction programme which also include medication management. Under the medication management section, each new RGN will have to complete three supervised medication rounds and followed by the medication competency assessment. Please refer to the attached induction programme for nurses. All nursing staff will complete the medication management training every year.

Medication competency assessment will be reviewed for all nurses ASAP and then yearly or as required.

**Proposed Timescale:** 31/01/2016

| **Theme:**                           |
| Safe care and support                |
| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** |
| Medication errors were not been identified or reported and therefore were not reflected in the medication error audits conducted. |

5. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.
Please state the actions you have taken or are planning to take:

We conduct a monthly medication audit at present. Seven medication documentation error identified by the inspector during the inspection had happened after the last medication audit, hence this was not included in the medication audit. We were reviewing the kardex and MAR sheets on a monthly basis.

After the inspection, CNM and DON will check the Kardex and MAR sheets on weekly basis to ensure the nursing team is following the guidance on Medication management. All nursing team had undergone a specific training on medication errors earlier this year. Same will be repeated for the new staff members. Medication error reporting structure will be discussed in detail during the next nurses meeting.

Planned induction programme will specifically discuss the drug error and reporting procedure with each new nurses in detail.

Proposed Timescale: 31/12/2015

Theme:
Safe care and support

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

Staff unfamiliar with residents were administering medications which was contributing to an increase in medication errors.

6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

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

While we take all possible measures to avoid the use of agency staff, due to the ongoing national shortage of registered nurses particularly in residential care settings, it was found to be impractical to have agency nurses refrain from administering medication completely.

Measures are in place to use the agency staff as a last option. Our plan is to recruit some relief nurses for our nursing home while we are already looking for a full time RGN. If there is one member from our nursing team present in the house that person along with some assistance from the night nurse will complete the morning medication round. Morning medication round is the only drug round which takes a lot of time.

Proposed Timescale: 31/01/2016

Theme:
Safe care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The tray used to dispense medications within the medication trolley required review.

7. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
Medication when dispensed by the pharmacy in its original packaging. When supplied to the nursing home, it is not supplied with the box. Each sachet contains the name of the resident, the date, and time that it is prescribed for, the dose, strength and name of each of the medication.

To comply with the forensic legislation with regard to medication in Ireland- “Keep out of the reach of children” is also printed on the sachet. The outer boxes are simply used to store the medication neatly in the storage presses when not in use. The medication was at all times stored in the packaging that was dispensed in.

We discussed the medication management of our nursing home with the superintendent of our Pharmacy. As per the information provided, this trolley layout is a commonly used layout in most of the nursing homes and it is based on international research. While our pharmacy did not recommend to change the trolley, we decide to try the inspector's suggestion. We acquired the appropriate trolley as advised and have started to use it.

Proposed Timescale: 19/11/2015

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:
A comprehensive or pain assessment was not completed on one resident's return from an acute hospital visit.

8. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Nurses meeting organized to discuss the noncompliance in completing the comprehensive assessment in a timely manner.
We are in the process of organizing a training programme for nurses on Assessments and Care planning in Residential care settings for older people.

CNM/DON will complete a documentation audit within 4 days after a significant change in the condition of a resident.

We also decided to change our approach to audit. Instead of doing a large number of documentation audit at a time, we decided to decrease the number and increase the frequency of audit.

**Proposed Timescale:** 31/01/2016

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were not in place to reflect each need identified on assessment.

9. **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:**
We are in the process of organizing a training programme for nurses on Assessments and Care planning in Residential care settings for older people.

CNM/DON will complete a documentation audit within 4 days after a significant change in the condition of a resident.

We also decided to change our approach to audit. Instead of doing a large number of documentation audit at a time, we decided to decrease the number and increase the frequency of audit.

Immediate nurses meeting organized to discuss the failure to adhere to care plan policy

**Proposed Timescale:** 28/02/2016

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were not being updated with recommendations made by allied health care professionals.
10. **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:**
We are in the process of organizing a training programme for nurses on Assessments and Care planning in Residential care settings for older people.

CNM/DON will complete a documentation audit within 4 days after a significant change in the condition of a resident.

We also decided to change our approach to audit. Instead of doing a large number of documentation audit at a time, we decided to decrease the number and increase the frequency of audit.

Immediate nurses meeting organized to discuss the failure to adhere to care plan policy.

**Proposed Timescale:** 28/02/2016

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had not yet managed to fill vacant posts as outlined in the report.

11. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We are actively searching to fill up one fulltime staff nurse, two relief nurses and one CNM position. As a result of the national shortage of nurses, this is an ongoing search.

**Proposed Timescale:** 31/01/2016

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not been appropriately informally or formally supervised.

12. **Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Supervision takes place on an ongoing basis. Due to the changes in management structure, there were difficulties in the related area, as the priority is to keep our residents safe and content always.

By adding an extra CNM to the team, there will be a manager working Monday to Sunday in the nursing home to improve the supervision.

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<th>Proposed Timescale: 31/01/2016</th>
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**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff did not have adequate training in nursing documentation, pressure area care and medication management.

13. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Training on Assessments and care planning in Residential care settings for older people, Pressure area care and clinical audit will be organized for the nursing staff. All nursing staff had training in medication management which will be updated every year.

| Proposed Timescale: 28/02/2016 |