

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rush Nursing Home
<b>Centre ID:</b>	OSV-0000155
<b>Centre address:</b>	Kenure, Skerries Road, Rush, Co. Dublin.
<b>Telephone number:</b>	01 870 9684
<b>Email address:</b>	rushnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 June 2016 07:30 To: 23 June 2016 11:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

**Summary of findings from this inspection**

This was an unannounced follow-up inspection to monitor compliance in relation to a major non-compliance in staffing and the provider's response to a written warning letter issued by the Health Information and Quality Authority (HIQA) as part of the last inspection.

As part of this June 2016 inspection the inspector met with residents and staff members on duty including out-of-hours during a staff handover in the morning. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, care plans and nursing notes.

The person in charge was on unanticipated leave from the centre on the day of the inspection, and her deputy was on annual leave. The inspector found that, on arrival, there were inadequate arrangements in place for managing and staffing the centre as there was only one registered nurse on duty for 55 residents.

During the inspection, the senior staff nurse was called in to the centre by the nurse in charge to support her and other staff on duty.

Overall, the response of the provider and person in charge to the identified major non-compliance was insufficient to mitigate the risks associated with the poor skill-mix and staffing levels in place. As the provider and person in charge were not present at the time of the inspection. Therefore the provider was invited to a

regulatory meeting on 28 June 2016. The inspection findings are discussed throughout the report in more detail. Improvements were required in the four outcomes reviewed including medicines management, staffing, governance and record keeping.

The action plans at the end of this report reflect the non-compliances found and the immediate and sustained improvements were required.

**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:**

The line of responsibility was not clear and required improvement. The staff nurse on duty did not have suitable and sufficient management supports available to her in the absence of the person in charge. Improvements were required to governance to make sure that there were systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored. Supervision arrangements for newly appointed staff awaiting registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were not satisfactory.

The inspector found that suitable arrangements were not in place for the management of the designated centre in the absence of the person in charge. On the day of inspection, the person in charge was rostered to be on, but was not on duty. The night nursing staff complement comprised a registered nurse and three care staff until 7am. The day staff started at 7am with three care staff, and the registered nurse and an additional seven care staff came on duty at 8am. The designated nurse in charge of the centre for the day shift demonstrated adequate knowledge of the residents and their needs. However, she was not fully supported to supervise a staff member awaiting registration with Nursing and Midwifery Board. In addition to her responsibilities for all residents' nursing care needs. There were deficiencies in documentation including end-of-life care planning and medication records.

A notification had been submitted by the provider to the Chief Inspector in HIQA relating to the appointment of an additional person participating in management (a clinical nurse manager). Since the last inspection the new clinical nurse manager had been appointed as a person participating in management of the centre. She was a registered general nurse and had worked in the centre as a senior nurse. She was undertaking a management development course. The clinical nurse manager was identified as the person to act as the person in charge when the person in charge was out. However, the

inspector noted that according to the staff roster that she was on annual leave at the time of the inspection.

The provider was unable to show that it had satisfactorily addressed the non-compliances found on the last inspection. Being able to comply with the necessary requirement depended on the service being adequately resourced by the provider with suitably qualified staff. Improvements had not been made in relation to provision of registered nurses at the centre, with appropriate skill-mix to meet the assessed needs of all residents. The staffing rosters given to the inspector confirmed the use of agency staff on occasions. Full details of their names were not included in the records. On the night of 21 and 22 June 2016, before this inspection, there was only one registered nurse on duty for 55 residents.

Following this review of the staff rosters, staffing as defined in the statement of purpose and the action plan response from the provider following the last inspection was not in place. The names of three newly appointed staff working as carers awaiting registration were on the staff roster reviewed by the inspector. A staff member on night duty awaiting registration with Nursing and Midwifery Board confirmed to the inspector that she worked within her job description, while awaiting registration. This staff member confirmed that she did not yet have her personal identification number from the Nursing and Midwifery Board. However, staff without registration with Nursing and Midwifery Board had completed nursing documentation in the centre.

The staff rosters provided on the day of the did not include up-to-date records and information about unanticipated staff leave communicated to the inspector on the day of the inspection. For example, for two nights prior to this inspection (the previous weekend) there was only one registered nurse on duty for 55 residents. The management hours for senior staff nurse, clinical nurse manager and person in charge for the previous three weeks of rosters indicated that those staff members were also working to implement the required nursing hours, as agreed in the last action plan and not in their primary supervisory roles. The inspector noted that management systems had failed to ensure that the service is safe, appropriate, consistent and effectively monitored.

**Judgment:**  
Non Compliant - Major

***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:**

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

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

**Findings:**

The staffing records and staff rosters showed some improvement, with duty records and planned duty being recorded. Overall, the records of shifts worked had not been fully maintained over the recent three week roster. For example, the inspector was informed that staff participating in management had visited the centre two days earlier, but no record of this was evident. The arrangements in place to cover the absence of the person in charge and her deputy while both were on leave had not been consistently and clearly outlined on the staff roster. The details of the registered nurses' personal identification numbers issued by Bord Altránais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were not available at the time of the inspection, as no administration staff were on duty. The inspector had confirmed the 2016 personal identification numbers in the records of the registered nurses on duty at the time of the last inspection.

The inspector saw some examples of adequate nursing documentation; however, the sample of nursing records reviewed were inconsistent with many examples of poorly described daily reports. The inspector found that care plans were not consistently in place to address the changing nursing care needs of each resident. For example, no end-of-life care plan was found to guide and inform staff with evidence-based nursing care, in line with the resident's wishes, changing health care needs and professional guidelines. Staff who spoke with the inspector were not fully aware of details of a behavioural support care plan for one resident who had been prescribed an increased dose of a psychotropic medication.

The inspector saw that medication administration was not consistently being completed for residents at the prescribed times, or documented correctly in that some medicines administered at 10.30am had been recorded as being administered at 9am. The times of giving medicines to residents, as documented on the medicines administration records, did not always match the prescribed times, and some omissions in nursing signatures were also noted. For example, the inspector noted omissions in the residents' administration records, where medications had not been signed for by the registered nurse on 20 June 2016 and 23 June 2016, as outlined in findings for Outcome 9 of this report.

Electronic records reviewed by the inspector related to nursing care as specified in schedule 3 of the regulations, had not been fully and accurately maintained by a registered nurse. The daily nursing records were not consistently documenting an accurate and professional record of care provided, and the residents' condition. The responsibility of the one registered nurse on duty for 55 residents on the day of the inspection, included completing daily nursing records and medication management records, and all other nursing and supervision duties.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector reviewed the practices and documentation in place relating to medication management in the centre. Non-compliance was identified in a number of areas including practice relating to the storage of medicines. Medicine prescription and administration documentation and records were incomplete. Medicines were also observed to be given to residents outside the prescribed time frame due to the length of time taken to complete medication administration rounds. A number of these findings are included in this report under Outcome 5 (above). The safe management of controlled drugs required improvement.

The centre had operational policies relating to the ordering, prescribing, storage and administration of medicines. Medicines were supplied to the centre by a retail pharmacy with most of the medicines dispensed in a monitored dosage system. There were facilities in place to ensure all medicines were stored securely within the centre. There were also procedures in place for the handling and disposal of unused and out-of-date medicines. Medicines trolleys were kept locked at all times and were secured appropriately in the clinical room when not in use. However, the trolleys were too small to accommodate all medications and a separate wheeled trolley was used to transport prescribed food supplements and prescription powder laxative sachets. The inspectors saw the trolley being left in the day space for periods of time unattended. This space was where residents identified as requiring additional supervision were seated before breakfast and may access the medicines.

A fridge was available for all medicines and or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. Medicines requiring special storage arrangements were stored in a secure cabinet in a clinical room, and a register of these medicines was maintained with the stock balances checked and signed by two registered nurses at the beginning and end of each working shift.

The inspector reviewed the processes in place for administration of medicines and observed a newly employed staff member who was being supervised by the registered nurse. On the day of the inspection the inspector saw that the morning medication



administration round was not yet completed by the time inspector left the centre. There was the potential for prescribed medicines to be administered outside the prescribed time frame due to the length of time taken to complete this medication administration round. The inspector discussed the risks associated with this practice with the senior staff nurse. She then took over supervision of the staff member who required supervision with medication on the first floor. The inspector also observed that times of administration had not been consistently documented correctly. This finding is included under Outcome 5.

The inspector reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice, as follows:

- The times of administration as documented on the medicines administration records did not always match the prescribed times.
- The prescription sheets were indicating an administration time of 9am but the medicine administration records were not consistently completed with the actual time of administration (which was outside the prescription time). This is included under Outcome 5.
- An intra-muscular pain-killing medication that requires additional storage requirements was administered and not signed for in the medication administration sheet on two occasions on the day of the inspection. One of these medication vials which required strict storage requirements was left opened for six hours. This is not in line with pharmacy medication guidance, as 'single use only'.
- The medicine administration records for one resident indicated that the medication had not been administered, with no reason documented for this omission.

The systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits did not demonstrate good safe practices. At the time of the last inspection, there was a system in place to record medication-related incidents including medication errors. Governance of medication management required improvement and was not in line with guidance issued by AnBord Altránais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

**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:**

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

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

**Findings:**

The inspector found that the number of registered nurses and staff skill-mix was not fully in line with the provider's action plan response which had been received following the last inspection on 21 January 2016. The provider had given HIQA assurances in the action plan response that there would be four nurses rostered for direct care over a 24-hour day, excluding the director of nursing. The provider's response was not adequate or consistently implemented to ensure that centre was consistently operated safely.

The inspector noted that one registered nurse and three carers had been on night-duty. Three early morning care staff had then started at 7am, to provide care to residents who were getting up early or needed assistance. At 8am the day staff of one registered nurse and ten care staff received a verbal handover in the day room from staff who had been on duty overnight at 8am .

The statement of purpose dated February 2016, states that the nursing complement comprises eight registered nurses, the clinical nurse manager and person in charge. The rosters contained the names of seven registered nurses, the clinical nurse manager and person in charge. A further nurse was on planned long-term leave. Seven senior carers and 14 full-time care staff were also on the roster, while 13 relief care staff were also named. Supernumerary work experience staff (personnel in excess of official staffing compliment) were not fully documented on the staff records, and one such person was on duty a the time of the inspection.

The assessed dependency levels of each resident were requested by the inspector and were provided from the record keeping system by the senior staff nurse. Thirty-four of the 56 residents had documented maximum or high levels of assessed dependency. Staff on duty told the inspector that they had requested additional nursing hours, and that the supervision requirements associated with new staff members had increased. There were no management hours in place to supervise and monitor the overall quality of care. The care hours had not increased since the last inspection, and the skill-mix was not adequate. Evidence of this is also outlined in Outcome 2, 5 and 9 of this report.

The dependencies had not increased since the time of the last inspection. However, two residents now had had end-of-life care needs and three additional residents were identified to the inspector as requiring higher levels of supervision at the time of the inspection.

On the day of the inspection one nurse was working at the centre, in addition to performing management duties at there. The senior staff nurse was contacted by the staff nurse on duty and she came in at 9.30am to assist her. The day- and night-time staffing as outlined by the provider's action plan response had not been put in place; as a minimum of two registered nurses on duty over 24 hours, with one registered nurse

required on each floor. In addition, to the management hours of the person in charge. The rosters confirmed that the planned staffing had not yet been fully implemented by the provider.

Three staff on the roster were awaiting Nursing and Midwifery Board registration at the time of the inspection and required additional supervision needs to complete their induction and learning at the centre. Overall staff were not appropriately supervised. Staff planning did not meet the assessed needs of the residents as there were insufficient staff with the appropriate skills, qualifications and experience on duty at these times, based on the size, layout and dependency of residents.

Unsolicited information about the supervision of residents particularly at night-time had been brought to the attention of HIQA, and this was relayed to the nurse on duty at the time of the inspection. This information could not be fully substantiated at the time of the inspection. However, the inspector found that six bedroom doors had been left open to facilitate staff supervising them overnight, this was not fully in line with fire safety procedures, and did not respect the residents privacy. The registered nurse informed the inspector that an engineer had completed a survey of all rooms where arrangements to safely keep the doors open (with the permission of the resident) were ongoing. All doors which had been observed as being wedged or kept open had been closed before the inspection ended.

**Judgment:**  
Non Compliant - Major

## 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:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Rush Nursing Home
<b>Centre ID:</b>	OSV-0000155
<b>Date of inspection:</b>	23/06/2016
<b>Date of response:</b>	13/07/2016

### 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 02: Governance and Management

**Theme:**  
Governance, Leadership and Management

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

Improvements were required with regard to governance and staffing of the service, to ensure that there were systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored, and in line with the statement of purpose.

#### 1. Action Required:

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

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:**

The Registered Provider will ensure that the service provided is safe and appropriately staffed at all times in line with the statement of purpose.

The Person-in-Charge will implement a system to ensure that there is a designated deputy in charge of the centre in her absence. This is usually the Clinical Nurse Manager. The Person-in-Charge will ensure that this is accurately reflected on the staff roster.

The supervision of staff will be provided by the Clinical Nurse Manager on a daily basis and this supervision will be enhanced by the Assistant Director of Nursing who is expected to commence in mid-August. The Person-in-Charge will also participate in staff supervision as required.

There are currently 8 registered nurses on the roster and the recruitment of appropriately qualified staff remains a priority. The centre will continue to use agency nursing staff if there are shortfalls in the required number of registered nurses available for a shift due to unanticipated leave/absence.

**Proposed Timescale:** 06/07/2016

**Theme:**

Governance, Leadership and Management

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

The management structure requires review to ensure effective and accountable systems are in place to monitor and review care.

**2. Action Required:**

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Registered Provider will ensure that there is consistent and effective monitoring of the care and service by designated management staff, including a Director of Nursing, Clinical Nurse Manager and Healthcare Manager. An Assistant Director of Nursing is schedule to join the team in Mid-August.

**Proposed Timescale:** 22/08/2016

**Theme:**

Governance, Leadership and Management

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

The management system in place in the centre was ineffective in that actions necessary to address non-compliances identified in Outcomes 5, 9 and 18 during the previous inspection on 21 January had not been satisfactorily implemented.

**3. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The Registered Provider will ensure that there are appropriate management systems in place to provide safe, quality care to all residents and to effectively monitor the care and service in the centre which will address all regulatory requirements and ensure compliance with outcomes.

Clear rosters will identify the nurse in charge of each shift and staffing levels per shift.

Medication management competency training, development and supervision will enhance medication processes.

Staffing levels will be provided as per the statement of purpose and needs of the residents.

**Proposed Timescale:** 22/08/2016

**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:**

1.Nursing records reviewed were inconsistent and many examples of poorly described daily reports were noted by the inspector. The inspector found that care plans were not consistently in place to address the changing nursing care needs of each resident in order to guide and inform staff with evidence-based nursing care, in line with the residents' wishes, changing health-care needs and professional guidelines.

2.Times of medication administration were not being documented accurately by nursing staff.

3.Omissions noted in the residents' medication administration records where medications were found to be unsigned for by a registered nurse on 20 June 2016 and 23 June 2016.

**4. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The Registered Provider will ensure that the records set out in Schedules 2, 3 and 4 are available for inspection by the Chief Inspector.

The care plans are currently under review and will be updated to accurately reflect the care needs and wishes of each individual resident, including specific needs such as end of life care or behavioural support care plans.

The medication administration records are audited on alternate months and an action plan is in place to address areas of non-compliance identified. The Person-in-Charge will ensure that nursing staff are consistently vigilant and that all medication administration records are signed appropriately and accurately by a registered nurse.

**Proposed Timescale:** 22/08/2016

### **Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

1. Medicines were observed to be administered outside the prescribed time frame due to the length of time taken to complete medication administration rounds.
2. A medication vial which required strict storage requirements was left opened for 6 hours, which is not in line with pharmacy medication guidance, as 'single use only'.

**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:**

1. The Person-in-Charge will ensure that all aspects of medication management and practice are safe at all times. She will implement systems to ensure that all residents receive their prescribed medicines within an appropriate timeframe.

2. The Person-in-Charge will address the medication incident identified by the inspector by ensuring that nursing staff are re-educated about the policy on safe storage of medicines and that they learn again the importance of vigilance and strict adherence to medication management policies through a process of reflective practice. The Person-in-Charge will ensure that all nursing staff have had a Medication Competency Assessment.

**Proposed Timescale:** 31/07/2016

### **Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

Following an inspection 23 June 2016 the inspector found that the number of registered nurses and the skill-mix was not consistently in place, and was not fully in line with the provider's action plan response received further to the last inspection on 21 January 2016.

**6. 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:**

The Registered Provider will ensure that the number and skill mix of staff is appropriate to the number, dependency and assessed care needs of residents and the size and layout of the centre.

There are currently 8 registered nurses available for roster and the recruitment of registered nurses will continue. An Assistant Director of Nursing is expected to join the centre by mid-August.

**Proposed Timescale:** 22/08/2016

**Theme:**  
Workforce

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

Following an inspection 23 June 2016, the inspector found that the system of supervision in place for all staff was not adequate to ensure appropriate levels of care were being delivered at all times.

**7. 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:**

The Person-in-Charge will ensure that there are appropriate arrangements in place to supervise staff and to ensure that appropriate levels of care are delivered at all times.



The Person-in-Charge will provide supervision to staff in conjunction with the Clinical Nurse Manager. An Assistant Director of Nursing is expected to join the nursing team in the near future and she will provide supervision and clinical leadership to nursing and care staff.

The Healthcare Manager will attend the centre regularly to monitor and assist the Person-in-Charge in maintaining regulatory compliance.

**Proposed Timescale: 22/08/2016**