

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Centre address:</b>	Cahilly, Liscannor, Clare.
<b>Telephone number:</b>	065 708 1555
<b>Email address:</b>	desdemonasmith@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Smith Hall Limited
<b>Provider Nominee:</b>	Desdemona Smith
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	27
<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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 April 2017 09:00 To: 26 April 2017 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place on one day. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaint logs, policies, procedures and staff files.

Overall, the inspector found that the person nominated to represent the provider who was also the person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Many improvements had been completed since the previous inspection.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector found it to be well maintained and nicely decorated. It was warm, clean

and odour free throughout.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that they felt safe and well cared for in the centre.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. There was evidence of timely access to general practitioners and allied health services. Improvements were noted to nursing documentation. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the improved provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Some improvements were required in relation to updating the statement of purpose, medicines management and staff training. These issues are included in the action plan at the end of this report.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the recently updated statement of purpose dated 1 March 2017. It generally complied with the requirements of the regulations. However, all the information set out in the certificate of registration was not included. The person in charge undertook to update and submit the statement of purpose.

**Judgment:**

Substantially Compliant

***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:**

This was a family owned and managed service. The inspector was satisfied that there was an established management structure in place and issues identified at the previous inspection had been addressed. The provider representative, who was a director of the company, was also the person in charge. She worked full time in the centre. The person

in charge was supported by the business manager, who was also a director of the company. He regularly attended the centre and had responsibility for administration and maintenance. The person in charge was further supported in her role by the assistant director of nursing and a recently appointed quality care assurance nurse manager. The recently appointed nurse manager was involved with providing in-house training for staff, reviewing and improving nursing documentation, and auditing and reviewing the quality and safety of care in the centre. Staff who spoke with the inspector were supportive of management and said that they were approachable and responded to staff concerns appropriately. There was a reported low turnover of staff and all staff spoken with had established service in the centre. There was always a member of the nursing management team on duty including at weekends.

The assistant director of nursing deputised in the absence of the person in charge. There was an on-call out-of-hours system in place. The management team met each other, residents and staff on a daily basis. They also met regularly on a formal basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

There were systems in place to review the safety and quality of care. Data regarding areas such as falls, pressure sores, restraint, missing persons, behaviours that challenge, weight loss, complaints and catheter care had been collated weekly and analysed quarterly and annually. Nursing management stated that they hoped to improve the current auditing tools to ensure more meaningful information was collated to ensure further improvements to the service were achieved.

The system of review included consultation with residents and their representatives. Two residents' committee meetings were held since the previous inspection, minutes of which were recorded.

**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:**  
The person in charge was suitably qualified and experienced. The person in charge was also the nominated person to act on behalf of the provider and therefore had substantial authority, accountability and responsibility for the provision of the service. She worked full time in the centre. Based on observations and feedback received from residents and relatives it was evident that the person in charge was visible, approachable and actively

engaged in the governance, operational management and administration of the centre.

Suitable governance arrangements were in place in the absence of the person in charge. The assistant director of nursing deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, HIQA's Standards and her statutory responsibilities.

The person in charge continued to engage in ongoing professional development, and recent education and training completed included, courses in meeting the care requirements of Ireland's ageing population, person-centred approach to dementia care, managing depression in the elderly and understanding and managing challenging behaviour in dementia.

**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 inspector was satisfied that actions required following the last inspection had been addressed.

All policies that required updating following the last inspection had been reviewed and updated.

The staffing rotas now included the hours worked by the person in charge and the assistant director of nursing.

The roster times made reference to the 24 hour clock and day and night time staffing rotas were clear.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

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

**Findings:**

The person in charge had taken measures to safeguard residents from being harmed and suffering abuse, and all issues identified at the previous inspection had been addressed.

The policies on prevention and response to allegations of abuse and restraint management had been updated to reflect national policy. The provider confirmed that all staff, volunteers and persons who provided services to residents on a regular basis had Garda Síochána (police) vetting in place.

The policy on prevention and response to allegations of abuse was signed as read and understood by staff; there was an ongoing programme of staff education. Training records indicated that all staff had received training on the detection, response to and management of abuse. The provider informed the inspector that they were awaiting a date for safeguarding training which was due to be facilitated by Nursing Homes Ireland. There was a member of nursing management staff on duty on a daily basis who was actively involved in the supervision of staff and the delivery of care. Staff spoken with said that there were no barriers to the reporting of any alleged or suspected abuse and they had every confidence that the provider would take appropriate safeguarding measures if necessary.

The inspector was satisfied that accountable and transparent systems were in place for the management and safeguarding of residents' finances and valuables.

The inspector reviewed the policies on behaviour management and restraint use. The policy on behaviours that challenged outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The recently updated policy on restraint provided guidance for staff based on the national policy.

Staff spoken with and training records indicated that staff had attended recent training on understanding and managing behaviours that challenged. Staff confirmed that they continued to promote a restraint free environment. There were nine residents using bedrails at the time of inspection, some at the residents own request.



The inspector reviewed a sample of residents' files with bed rails in use and presenting with responsive behaviour. There was evidence of completed risk balance tools, risk assessments and care plans for use of bedrails. Responsive behaviour care plans outlined guidance for staff including details of the types of diversion therapy that best suited the resident. Staff spoken with were clearly able to describe residents likes and dislikes and what diversion therapy worked best.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.

**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:**  
There was an up-to-date health and safety statement available and risk management policies in place. Issues identified at the previous inspection had been addressed.

There was a recently updated risk register in place that included risks specifically mentioned in the Regulations.

The inspector reviewed the manual handling training records which indicated that all staff members except for some recently recruited staff had received training during 2016. Training was scheduled for new staff on 19 April 2017. Two new hoists had been purchased during 2016, and service records reviewed were up to date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in January 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2017. Daily, weekly and monthly fire safety checks were being carried out and recorded. Fire safety training took place annually and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff except recently recruited staff had received up-to-date formal fire safety training. Formal fire training was scheduled for those staff on 10 May 2017. Fire drills were carried out regularly with the last fire drill taking place in January 2017.

There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The inspector observed that the building was maintained in a clean condition throughout. There was a documented cleaning programme now in place and cleaning procedures were in line with best practice. Staff had completed recent infection control training and there was on-going hand hygiene training taking 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector generally found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice; however, some improvements were required in relation to medicines management training and recording checks of medicines received from and returned to the pharmacy.

An inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Issues identified during the last inspection in relation to ensuring that medicines no longer in use were removed from the medicines trolley, stored securely and segregated from other medicines while awaiting return to the pharmacist had been addressed.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners. All medications were individually prescribed. The inspector reviewed prescription and administration records and observed that they were completed in accordance with best practice guidelines.

Regular audits of the prescription and administration records were carried out by nursing staff.

Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing training and advice to staff.

The inspector noted that there no systems in place to record checks that were carried out on the receipt of medicines from and returned to the pharmacy.

Nursing staff had not completed recent medicines management training. This action is included under Outcome 18: Suitable staffing.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that residents overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Furthermore, improvements had been put in place to ensure that residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. At the time of inspection three GPs attended to the medical needs of the residents, with each visiting the centre on a weekly basis. Medical records supported that GP review was timely and responsive.

Nursing staff told inspectors that services such as speech and language therapy, dietetic services and physiotherapy were available. The inspector noted that residents had been referred to these services and recommendations were reflected in residents' files. The chiropodist visited regularly, and the inspector found that records of visits were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with

restraint measures in place, at high risk of falls, with wounds, nutritionally at risk, presenting with behaviours that challenge and for whom pain relief was prescribed. The management of restraint and behaviours that challenge is covered in detail under Outcome 7: Safeguarding and Safety.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There were no residents with pressure ulcers at the time of inspection. The inspector reviewed the file of a resident with a wound and noted adequate wound assessment and wound care charts in place. Nursing and doctors notes indicated that the wound was progressing well.

A comprehensive nursing assessment and a range of up-to-date risk assessments were completed for each resident including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and moving and handling. The inspector noted that nursing documentation had improved; care plans in place were person centered, informative and regularly reviewed. There was evidence of involvement of the residents or their representatives in the development and review of care plans.

The inspector was satisfied that changes to residents' weights were closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly and more frequently if nursing staff had concerns. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident and liaise with the GP. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspector reviewed the file of a resident who was prescribed medicines for pain relief. A formal validated pain assessment tool was now in use to assess residents' pain and a care plan was in place to guide staff regarding the residents' pain relief.

A meaningful activities assessment was now completed for all residents. A care staff member had been allocated specific hours to coordinating and providing meaningful activities to residents. Additional hours had also been allocated to care staff members to facilitate one-to-one activities at weekends. The provider had purchased new equipment, including adult appropriate puzzles and games, rummage boxes and a selection of suitable movies. Local musicians now visited on a fortnightly basis. A variety of group and one-to-one activities were taking place. The weekly activities schedule had been updated and was clearly displayed. During the inspection, the inspector observed many residents enjoying an exercise to music session. The activities coordinator told the inspector how she had in consultation with the provider planned to undertake an activities training programme suitable for older persons.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***  
***The complaints of each resident, his/her family, advocate or representative,***

***and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred 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 improvements had been put in place in relation to complaints management.

The complaints policy and procedure had been updated following the last inspection. The complaints procedure was now clearly displayed and the comment box had been relocated in the dining room.

A small number of complaints had been documented for 2017. There were no open complaints at the time of inspection. All complaints had been fully investigated and acted upon. Complainants satisfaction with the outcome was recorded.

**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:**

On the day of inspection the person in charge advised that there were additional staff on duty to facilitate the inspection. The person in charge confirmed that there was normally one nurse and three care assistants on duty in the morning tome, one nurse and two care assistants on duty in the afternoon, one nurse and three care assistants on duty in the evening time until 22.00 hours and one nurse and one care assistant on duty

at night time. An additional care assistant came on duty at 6.00am. The person in charge told inspectors that she, the assistant director of nursing or quality care assurance nurse manager were normally on duty during the day time, including at weekends. Staffing rotas reviewed and staff spoken with also confirmed this.

The recruitment policy had been updated following the last to reflect recent changes to Garda Síochána (police) vetting legislation. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction, orientation, staff appraisals and training certificates were noted on staff files.

The management team continued to provide on going training to staff, however, nursing staff had not completed recent medicines management training. Training records indicated that staff had attended recent training on infection control, end of life care, care planning documentation, male catheterisation, dementia awareness and food safety. The person in charge had also completed in-house training with staff on hydration.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

Mary Costelloe  
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>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Date of inspection:</b>	26/04/2017
<b>Date of response:</b>	29/05/2017

### 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 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement of purpose dated 1 March 2017 did not include all of the information set out in the Certificate of registration.

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Updated Statement of Purpose has been forwarded by Andrew Smith

Proposed Timescale:

Completed

**Proposed Timescale: 29/05/2017**

### **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:**

The inspector noted that there no systems in place to record checks that were carried out on the receipt of medicines from and returned to the pharmacy.

**2. Action Required:**

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

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

A stamped log book has been in place since 02.03.10 for all pharmacy returns. Currently a signed and itemised delivery docket is kept on receipt of monthly medications. In light of recent inspection these 2 practices will be streamlined for ease of auditing and future inspections. A 3 monthly audit has been implemented that will generate outcomes and further enhance vigilance.

Proposed Timescale:

Completed

**Proposed Timescale: 29/05/2017**

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

**Theme:**

Workforce

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

Nursing staff had not completed recent medicines management training

**3. 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:**



A Medication Management course booked for 3 RN's in Milford Hospice has been cancelled . Next course is scheduled of September 2017. In the interim all RN's are in the process of completing the Medicines Management online program from HSE. To date 2 have completed the program.

**Proposed Timescale:**