

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ennis Nursing Home
<b>Centre ID:</b>	OSV-0000683
<b>Centre address:</b>	Showgrounds Road, Drumbiggle, Ennis, Clare.
<b>Telephone number:</b>	065 682 4262
<b>Email address:</b>	ennisnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	2

## 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
28 November 2016 08:30	28 November 2016 17:00
29 November 2016 08:30	29 November 2016 14:30

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	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance of the centre, following notification of a change to the person in charge. This monitoring inspection was un-announced and took place over two days.

As part of the inspection the inspector met with residents, relatives, the person in charge and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures and staff files.

On the days of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met. Nursing documentation was generally found to be of a high standard. 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. The

inspector 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 highly of staff and stated that they were happy and felt safe living in the centre.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The activities coordinator continued to work five days a week, four social care practitioner had recently been employed and together they provided a varied and interesting activity schedule as well as one to one activities and therapies with residents. There was evidence of consultation with residents and their families as to the organisation of the service.

Staffing levels at night time had increased since the last inspection. Staffing issues raised by staff were discussed with the person in charge who undertook to review staffing levels and work organisation.

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 centre was purpose built and well maintained both internally and externally.

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

Improvements were required to ensuring that medication administration sheets were completed accurately, medication incident reports were fully recorded to reflect learning from or the implementation of preventative measures to prevent recurrence, recommendations from allied health services were updated in residents care plans and reviewing of staffing levels and work organisation.

All areas for improvement are contained 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 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 provider had established a clear management structure. Systems were in place to monitor the quality and safety of care and there was evidence of consultation with residents and their representatives.

The person in charge was a nurse with the appropriate experience and qualifications for the role, she worked full time in the centre. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place. There was always a senior nurse on duty to supervise the delivery of care.

The management structure included supports for the person in charge to assist her to deliver a good quality service. These supports included three clinical nurse managers (CNM's), senior operations manager and director of care services. The management team were in regular contact.

There were systems in place to monitor the quality of care and which included the experience of the residents and relatives.

There was a planned audit schedule in place. The inspector reviewed recent audits in relation to medication management and infection control.

Monthly governance meetings were held at which key performance indicators such as resident profile, clinical documentation, clinical risk, health and safety, audits, complaints, staffing issues were reviewed and action plans were developed to address areas for improvement.

An annual review of the quality and safety of care had been completed in April 2016. Audits in relation to hygiene and infection control, catering, health and safety, medication management, human resources, care standards, clinical documentation as

well as complaints, feedback from residents committee meetings and relatives satisfaction surveys had been used to inform the review.

Residents' committee meetings continued to be held on a regular basis and were facilitated by the activities coordinator. Minutes of meetings were recorded and copies were available in residents bedrooms and in the main reception area. Issues discussed included catering/food, activities, entertainment, day trips, standards of cleaning and laundry. An action plan with any issues to be addressed was documented. There was evidence that issues raised by residents had been acted upon. Residents had recently gone on a day trip to area of local interest. Issues in relation to the laundry service had been raised at meetings earlier in the year but at the most recent meeting residents commented that the laundry service was good and that laundry staff were helpful.

There was evidence that residents and relatives were consulted with in relation to review of residents care plans.

**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 had been appointed in April 2016 and she was engaged in the centre on a full time basis. She had the required experience in the area of nursing the older adult having held the post of person in charge in two other centres in the group for the past three years. The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was knowledgeable regarding the individual needs of each resident.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**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):**

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

**Findings:**

The inspector was satisfied that records as required by the Regulations were generally maintained in the centre, however, some gaps were still noted to the medication administration records.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the Regulations

The directory of residents contained all of the information as required by the regulations.

The inspector observed that some medication administration sheets reviewed were left blank at a number of times where medication was due to be administered and omission codes had not been used. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

**Judgment:**

Non Compliant - Moderate

***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:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on safeguarding vulnerable persons at risk of abuse, responding to allegations of abuse and management of whistleblowing. Staff spoken with confirmed that they had received training and were knowledgeable regarding their responsibilities. Training records reviewed indicated that staff had received ongoing education on safeguarding. Staff commented that recent safeguarding education was comprehensive, informative and interactive. Residents spoken to told the inspector that they felt safe in the centre.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour and or aggression and violence including the use of phototropic medication and use of restraint. The policy on behaviours that challenged was comprehensive and outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector reviewed some files of residents who presented with behaviours that challenged and noted detailed, person centered care plans outlining known triggers and clear guidance for staff. All episodes of challenging behaviour were logged using an ABC chart. There was evidence of regular review by the consultant psychiatrist and clinical nurse specialist in psychiatry.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were six residents using bed rails at the time of inspection. The inspector noted that risk assessments and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. All residents who had been prescribed PRN 'as required' psychotropic medications had their medications reviewed since the last inspection and all of these medications were no longer prescribed.

**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):**

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

**Findings:**

The inspector was satisfied that risk management was generally well managed however, the action relating to recording of medication incidents identified at a previous inspection and had not been attended to.

The inspector reviewed a sample of medication incident reports and noted that there was a system in place to identify and record medication incidents promptly. However, the actions outlined on medication incident reports did not reflect learning from or the implementation of preventative measures to prevent recurrence.

There was a recently updated health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been regularly reviewed. All risks specifically mentioned in the Regulations were included.

The inspector reviewed the emergency plan 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.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of manual handling equipment such as hoists were up to date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in October 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff except for three recently recruited staff had received up-to-date formal fire safety training. Fire training was scheduled for those new staff on 8 December 2016.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free. Residents had commented at their most recent meeting that the standard of cleaning was very good.

The inspector spoke with housekeeping staff regarding laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures. Most staff had attended recent infection control training. The person in charge carried out regular hygiene and infection control audits.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence of good medication management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medication management issues. The nurses demonstrated their competence and knowledge when outlining procedures and practices on medication management.

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. They contained all of the information required to enable nurses to safely administer them. All medications were regularly reviewed by the general practitioners (GP). All medications including medications that were required to be crushed were individually prescribed.

However, some gaps were noted in the medication administration charts and appropriate omission codes had not been used, therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines. This issue had been identified at the previous inspection and in medication

management audits carried out in house. This action is included under Outcome 5 : Documentation to be kept at a designated centre.

Systems were in place to record medication errors and staff were familiar with them. However, the actions outlined on medication incident reports did not reflect learning from or the implementation of preventative measures to prevent recurrence. This action is included under Outcome 8: Health and safety and risk management.

Systems were in place for checking medications on receipt from the pharmacy and the return of unused/out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist. The pharmacist carried out regular medication management audits and also provided education and training for staff.

Regular medication management audits were carried out by nursing management. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective care and support

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

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

**Findings:**

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

The inspector saw that residents had good access to medical review and care. All residents had access to a choice of general practitioner (GP) services. A local General Practitioner (GP) attended most residents and visited the centre twice weekly. Records seen by the inspector confirmed regular and timely medical review in line with the residents changing needs. There was an out-of-hours GP service available.

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life.

Chiropody and optical services were also provided. A physiotherapist visited weekly. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations 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, at risk of absconsion, with wounds, nutritionally at risk and presenting with behaviours that challenge. See Outcome 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans were reviewed on a regular basis, however, the inspector noted that some recent recommendations from allied health services such as dietician and OT were not updated in residents care plans.

Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

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

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, crash mats and sensor alarm mats had been put in place for some residents. The physiotherapist reviewed residents post falls and recommendations were reflected in residents care plan. The inspector noted that the communal areas were supervised by staff at all times.

The inspector was satisfied that wounds were being well managed. Nursing staff told the inspector that there were no residents with pressure ulcers at the time of inspection. The inspector reviewed the files of residents with leg ulcers and noted that there were adequate up to date wound assessments, photographs and wound care plans in place.

Risk assessments were completed for residents at risk of absconsion. Residents at high risk had half hourly location charts documented and included a daily description of residents clothing. Absconsion drills were carried out six monthly with staff, the outcome and lessons learnt were recorded.

Management and staff had strived to improve the provision and variety of meaningful and interesting activities for residents. There was a full time activities coordinator and

four social care practitioners had been employed since the last inspection. The activities coordinator and two social care practitioners were normally on duty each day. The social care practitioners worked until eight each evening. There was a daily schedule of activities taking place on each floor. The weekly schedule was displayed in the communal areas as well as in residents bedrooms. The schedule included both group and individualised activities. The inspector observed residents enjoying a range of activities during the inspection including making a variety of pastries which they planned to freeze to make mince pies for Christmas. Residents told the inspector that they already had plum puddings and Christmas cakes made. Other activities that took place included group and individual Sonas sessions (therapeutic programme specifically for residents with Alzheimer disease), bingo, quizzes, exercises to music, arts and crafts, skittles and ball exercises, foot and hand massage and foot spa treatment. A book club and therapy day were held weekly. Outdoor activities including walking and gardening also took place depending on the weather. Some residents had recently gone on a day trip to Kilfenora in north Clare, while others had visited the local town and had coffee and did some shopping. A number of residents attended local day care centres and were collected by bus. The activities coordinator had planned a Christmas schedule of events including carol singing, local musicians, visit from Santa, Christmas mass and party.

Residents spoken with stated that they enjoyed the variety of activities taking place and were looking forward to the upcoming Christmas events. Residents had commented at the most recent residents meeting that they were very happy with the activities and that they had enjoyed recent entertainment provided by local students

Staff spoken with told the inspector that residents had benefited from the increased focus and provision of additional meaningful and suitable activities. Staff commented that many residents presenting with behaviours that challenged were calmer and more content particularly in the evening time.

**Judgment:**  
Substantially 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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties

and responsibilities of staff. The complaints procedure was clearly displayed.

The inspector reviewed a sample of recent complaints which were logged on the computerised system, there were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

**Judgment:**  
Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a laundry room with ample space for washing/drying and sorting of residents' clothing. The inspector noted that clothing was marked or labelled. Residents spoken with were satisfied with the laundry arrangements and stated that mislaid clothing was not normally an issue. Residents had commented at most recent residents meeting that a good laundry service was provided and that laundry staff were pleasant and helpful. There had been no recent complaints regarding mislaid items of clothing.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

**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 there were 56 residents living in the centre, two residents were in hospital. Residents dependency levels were assessed using a recognised validated tool. There were 32 maximum, 15 high, five medium and four residents of low dependency level. There were three nurses, a clinical nurse manager, seven care assistants, two social care practitioners on duty during the morning time, three nurses, a clinical nurse manager, six care assistants and two social care practitioners on duty during the afternoon and evening time, two nurses and 3 care assistants on duty at night time. The two social care practitioners worked from 8am to 8pm, they assisted with direct resident care in the morning time and at meal times. The person in charge and activities coordinator were normally on duty during the day time Monday to Friday.

The person in charge advised that staffing levels were under regular review and since the last inspection an additional care staff member was on duty throughout the night time. Staff spoken with commented that the night time staffing levels had improved and the workload at night time was now more manageable.

Some staff spoken with told the inspector that they found the work load at times during the day was challenging and very busy particularly on the ground floor in the morning time and during the afternoons. They stated that it was sometimes difficult to meet the individual needs of all residents in a timely manner. Staff also spoke about additional pressures when sick leave cover was not available. These issues were discussed with the person in charge who undertook to review staffing levels and work organisation. The person in charge told the inspector that it was sometimes difficult to obtain cover for sick leave at short notice. She stated that a mobile telephone texting system had been in place but found that telephoning staff directly had resulted in improved responses to sick leave cover. The inspector noted that staffing issues including sick leave cover had been discussed at recent staff meetings.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. 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 and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers at the time of inspection. Garda Síochána vetting was in place for all persons who provided services to residents.

The management team were committed to providing on-going training to staff. There was a training plan in place for 2016. Some staff had recently completed training in infection control, person centered dementia care, venepuncture, sensory deprivation awareness and Sonas. Wound management training was scheduled for January 2017.

<p><b>Judgment:</b> Substantially Compliant</p>
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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:***

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>

Centre name:	Ennis Nursing Home
Centre ID:	OSV-0000683
Date of inspection:	28/11/2016
Date of response:	22/12/2016

### Requirements

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

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

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The inspector observed that some medication administration sheets reviewed were left blank at a number of times where medication was due to be administered and omission codes had not been used. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

#### 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 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 Person in Charge will ensure that all medication administration charts are completed in accordance with the centre's medication administration policy. They will be signed and dated by the nurse administering the medication and if there is a reason for omitting a medication, the appropriate code will be entered on the administration sheet to ensure clarity. The Clinical Nurse Managers will monitor compliance with medication management procedures.

**Proposed Timescale:** 23/12/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Medication incident reports did not reflect learning from or the implementation of preventative measures to prevent recurrence.

**2. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The Person in Charge will ensure that all medication incidents are documented and investigated. There will be an opportunity for all nurses to undertake reflective practice in order to learn from incidents and adverse events and to implement agreed measures to prevent recurrence. Medication incidents will be reviewed on a regular basis as part of the quality and safety management system in the centre.

**Proposed Timescale:** 23/12/2016

**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:**

The inspector noted that some recent recommendations from allied health services such as dietician and OT were not updated in residents care plans.

### **3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person in Charge will ensure that all recommendations from allied health services such as dietician and OT are reflected in the residents' care plans. Allied health services will document all recommendations in the residents' electronic care record and this information will be recorded in the nursing care plan to ensure consistent implementation of their recommendations.

**Proposed Timescale:** 31/01/2017

## **Outcome 18: Suitable Staffing**

### **Theme:**

Workforce

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

Some staff spoken with told the inspector that they found the work load at some times of the day was challenging and very busy particularly down stairs in the morning time and during the afternoons. Staff also spoke about the problem with obtaining cover for sick leave in that cover was not always available. These issues were discussed with the person in charge who undertook to review staffing levels and work organisation.

### **4. 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 Person in Charge will ensure that the number and skill mix of staff is appropriate to meet the assessed care needs and dependency levels of all residents in the centre at all times. She will ensure that staff attendance is managed effectively, including the provision of replacement staff to cover staff sickness.

The Person in Charge will review work flows, staff allocation and delegation of duties to ensure that all staff have a reasonable and fair workload, appropriate to their skills, experience and qualifications; she will ensure that there is a system of effective teamwork in place and that staff are facilitated to provide a high quality of person-centred care to all residents.

**Proposed Timescale:** 31/01/2017

