

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ennis Nursing Home
Centre ID:	0683
Centre address:	Showgrounds Road
	Drumbiggle
	Ennis, Co. Clare
Telephone number:	065-6824262
Email address:	ennisnursinghome@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Mowlam Healthcare Group
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge:	Carmel Kelly
Date of inspection:	20 May 2013
Time inspection took place:	Start: 08:30 hrs Completion: 16:50 hrs
Lead inspector:	Mary Costelloe
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

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. The inspector observed adequate staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

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

The inspector identified some improvements that were required in relation to nursing documentation, medication management, directory of residents and staffing files.

These areas for improvement are covered in the report and listed in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 2
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

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

Inspection findings

A signed contract of care was in place for all long stay residents. They included the fees to be charged and outlined the services to be provided.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Carmel Kelly is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. Arrangements were in place for a clinical nurse manager (CNM) to deputise in the absence of the person in charge. A CNM was normally on duty at weekends to supervise the delivery of care.

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

The person in charge had maintained her continuous professional development. She had also recently undertaken training on infection control, restraint management and dealing with behaviours that challenge. She had completed 'Train the Trainer' in elder abuse to facilitate ongoing training of staff in-house. She had recently attended a dementia care conference and an employment law study day. She told the inspector that she had applied to attend a post graduate diploma in dementia care due to commence in September 2013.

The inspector observed that she was well known to staff and residents. 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.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings:

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

The directory of residents was not in compliance with the Regulations in that the date of admission of each resident, the marital status of each resident and the address of the next of kin was not always included.

Staffing Records

Substantial compliance

Improvements required *

Photographic identification and evidence that staff were physically and mentally fit for the purposes of the work they performed were not in place for all staff.

Medical Records

Substantial compliance

Improvements required *

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policies on protection of residents from abuse, responding to allegations of abuse and protection of resident's accounts and personal property. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that staff had received training. The person in charge had recently completed 'Train the Trainer' to facilitate ongoing training in-house. She told the inspector that she intends to provide training on a monthly basis. The next training was scheduled for 29 May 2013.

Small amounts of money were kept for safekeeping on behalf of some residents, the inspector was satisfied that it was being managed in a clear and transparent manner. All transactions were logged and confirmed by two signatures. Receipts were available for all purchases made on behalf of residents.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Action(s) required from previous inspection:

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

Inspection findings

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted.

All issues identified at the previous inspection had been attended to. The doors to bedrooms were no longer being wedged open, magnetic door stops had been provided to many of the bedroom doors since the last inspection.

There was a health and safety statement available. The inspector reviewed the comprehensive risk policy and risk register and found that it had been regularly reviewed and updated. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

The emergency plan had been updated following the previous inspection to include arrangements in the event of residents requiring evacuation on an overnight basis.

Records indicated that all fire fighting equipment had been serviced in January 2013 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 4 March 2013. Systems were in place for daily checks on the means of escape, weekly testing of the fire alarm and these checks were being 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 staff had received up-to-date formal fire safety training. Further training was scheduled for 7 June and 3 July 2013.

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. Further refresher training was scheduled for 30 May 2013.

The design and layout of the centre promoted a safe environment for residents. Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Safe floor covering was provided throughout the building and a lift was provided between floors. Call bell facilities were provided in all rooms.

The inspector noted that infection control practices were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. Many staff had received recent training in infection control. The inspector spoke with the laundry assistant on duty who was able to clearly outline infection control procedures. The centre was found to be clean and odour free.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

The maximum dosage in a 24 hour period of PRN medication was not always prescribed.

Inspection findings

The inspector noted that the policies and procedures for medication management were generally robust. However, improvements were required to the prescribing of some "as required" medications (PRN) medications and to ensure that the policy on transcribing was being adhered to in line with best practice.

The inspector reviewed the medication management policy. The policy gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, PRN, medications requiring strict controls and medication errors. The policy had been updated following the last inspection to include guidance for staff on the procedure for disposal of medications requiring strict controls.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management. Medications requiring strict controls were appropriately stored and managed.

Medications requiring strict temperature control were appropriately stored in a designated refrigerated unit in the nurses' office. Daily temperature checks of the refrigerated units were recorded.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). Medications that were required to be crushed were individually prescribed. The inspector noted that the maximum dosage in a 24 hour period of PRN medication was not always prescribed.

The inspector noted that some transcribed medications had only one nurse signature included which was not in line with best practice or the centres medication policy.

Regular medication management audits were carried out by the pharmacist. The last audit took place in April 2013 which noted that significant improvements had taken place since the previous audit. Staff confirmed that the results of all audits are distributed to and discussed with staff to ensure ongoing learning.

Systems were in place for the recording of medication errors. Errors were investigated, followed-up and actions identified were completed and signed by the person in charge.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector reviewed the incident log and saw that all relevant details of each incident were recorded on the computerised documentation system. The inspector reviewed the files of a number of residents who had recently fallen and noted that falls risk assessments and care plans had been updated following each fall. A falls management plan had been put in place for those residents at high risk of falls and all residents were reviewed by the physiotherapist post falls. Additional measures such as sensor mats had been put in place to reduce the risk of falls for some residents.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The comprehensive nursing assessment was not always fully completed.

Care plans were not in place for all identified issues.

Evidence of consultation with resident/relative was not always documented.

Inspection findings

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Some improvements were required to restraint management and nursing documentation.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with wounds, weight loss and those using restraint measures.

Comprehensive nursing assessments were completed on admission but had not been routinely updated. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bed rail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered.

The inspector was satisfied that wounds were generally well managed. Wound care charts, detailed wound assessment and wound progress charts were updated at each change of dressing. The wound assessment also outlined guidance for staff on the type of dressings and the frequency of change of dressings required.

The inspector was satisfied that weight loss was closely monitored, all residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if required. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and refer to the dietician. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector noted that staff continued to promote the reduction in the use of restraint. Staff had recently attended training on the management of restraint. The number of residents using bedrails had reduced since the last inspection. There were 21 residents using bedrails at the time of inspection, many at the residents own request. The restraint policy promoted a restraint free environment. Risk assessments had been completed for the use of bed rails. There were two varying assessments in use, one assessment did not include the alternative measures that had been tried or considered and the other did not include the risks associated with the use of restraint. There were no care plans in place to guide staff in the use of bedrails. All residents using bedrails were checked on an hourly basis and this was being recorded.

The person in charge had put in place a system to include evidence of resident/relative involvement in the development and review of their care plans. She stated that she had recently written to relatives inviting them to be involved in the review of care plans. An additional tab had been allocated to the computerised documentation system where consultation with residents and relatives could be recorded.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

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

Inspection findings

The inspector found evidence of good complaints management.

The inspector reviewed the complaints policy and noted that it had been updated following the previous inspection in order to fully comply with the requirements of the Regulations. The policy included a nominated person to deal with complaints and an independent nominated person in the centre to ensure all complaints were appropriately responded to. The policy outlined the independent appeals process.

The complaints procedure was displayed in the front reception area. Inspectors reviewed the system for recording complaints and found that comprehensive details of all complaints were maintained. Details of investigations, outcomes and lessons learnt were documented. Details as to whether the complainant was satisfied or not with the outcome was also recorded.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

Some staff files did not comply with the requirements of the Regulations.

Inspection findings

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool. There were usually three nurses and 10 care assistants on duty during the

morning time, two nurses and eight care assistants on duty during the afternoon and evening up until 8pm, two nurses and three care assistants on duty up until 12am and two nurses and two care assistants on duty at night time until 6am. An additional care assistant came on duty at 6am. The person in charge and CNM were also on duty during the day time. The operations manager was in the centre on the day of inspection. The staffing rota was reviewed and staff spoken to confirmed these staffing levels to be the norm.

The person in charge outlined how she had reviewed staffing levels, skill mix and work organisation following the last inspection. She stated that as a result of the review, two new shifts had been introduced, 6am to 12pm and 2pm to 12am. In addition, more residents from the first floor area were now using the ground floor day rooms and dining facilities. Staff spoken with stated that they were satisfied with the work reorganisation.

The inspector reviewed a selection of staff files. Some files of staff were not in compliance with the Regulations in that there was no evidence of physical and mental fitness to work and no photographic identification included. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of staff induction, training received, annual staff appraisals and training certificates were noted on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in infection control, continence promotion, food safety, behaviours that challenge, restraint management and care planning. One nurse had recently attended wound management training and medication management training was provided for all new nursing staff. Further training was planned on dealing with behaviours that challenge.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the operations manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, provider and staff during the inspection.

Report compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

23 May 2013

Provider's response to inspection report *

Centre Name:	Ennis Nursing Home
Centre ID:	0683
Date of inspection:	20 May 2013
Date of response:	21st June 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 4: Records and documentation to be kept at a designated centre

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

The directory of residents was not in compliance with the Regulations in that the date of admission of each resident, the marital status of each resident and the address of the next of kin was not always included.

Action required:

Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) of the Regulations up-to-date and in good order and in a safe and secure place.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation: 22: Maintenance of Records Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The register of residents now includes the admission date and marital status of all residents, and all next of kin details are included.	Completed

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: The maximum dosage of PRN medication (in a 24 hour period) was not always prescribed. Transcribing of medications was not in line with best practice or the centres medication policy.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation: 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The maximum dose of PRN medications in 24 hours is documented on all prescriptions.	Completed
Transcribing of medications is now in line with best practice and compliant with the policy on Transcription of Medications in Ennis Nursing Home.	Completed

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

Comprehensive nursing assessments were not up-to-date.

Risk assessments in relation to the use of bed rails were not in line with national policy.

There were no care plans in place to guide staff in the use of bed rails.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Reference:

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Regulation: 8: Assessment and Care Plan
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

There is work ongoing to improve the quality of the comprehensive nursing assessment and care planning process. This includes the provision of a specific assessment and care plan based on the national guidelines for restraint if bedrails are required.

There is a specific care plan in place for all residents for whom bedrails are required. Residents are assessed on a regular basis to determine whether there is an ongoing need for bedrails, and Ennis Nursing Home is actively working to reduce the use of bedrails.

Completed

Theme: Workforce

Outcome 18: Suitable staffing

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

Some files of staff were not fully in compliance with the Regulations.

Action required:	
Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
Reference:	
Health Act, 2007 Regulation: 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All personnel files are now complete. All staff in post have been deemed medically fit to work in the centre, either by their GP or by self-declaration that they are physically and mentally fit to undertake the work that they have been employed to do.	Completed