<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ennis Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000683</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Showgrounds Road, Drumbiggle, Ennis, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 682 4262</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:managerennis@mowlamhealthcare.com">managerennis@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mowlam Healthcare Services Unlimited Company</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
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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 2 day(s).

The inspection took place over the following dates and times

From: 17 October 2017 09:00  
To: 17 October 2017 17:30  
18 October 2017 08:30  
18 October 2017 02:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
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</table>

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 over two days. 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, policies and procedures and staff files.

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 well maintained and nicely decorated. It was warm, clean and odour free throughout. Residents had access to a variety of communal day spaces and the enclosed garden courtyard was easily accessible.

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.

On the days 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. Nursing documentation was completed to a high standard. Staff were offered a range of training opportunities.

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

Staffing levels and work organisation required review to ensure that the individual needs of all residents were met in a timely manner and to ensure that all residents had the same quality of service, choice and opportunities.

These areas for improvement are discussed further throughout the report and in the action plan at the end of the 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, Revision 9 dated 4 August 2017. It complied with the requirements of the regulations. The statement of purpose reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**Judgment:**
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:**
The provider had established a clear management structure. While systems were in place to monitor the quality and safety of care and there was evidence of consultation with residents and their representatives, issues identified following the dining experience audit which took place in February 2017 had not been addressed. The issues identified were similar to the findings of the inspector as observed during day one of the inspection. This is discussed further under Outcome 16: Residents rights, dignity and...
A new person in charge had been appointed since the previous inspection. She 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 two clinical nurse managers (CNM's), health care manager and director of care services. The healthcare manager attended the centre 1-2 days a week. 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, hygiene and infection control, person centered care, health and well-being, leadership, administration, financial and dining experience. The inspector noted that where improvements had been identified, action plans were put in place and were generally acted upon. However, the action plan in relation to the issues identified following the dining experience audit in February 2017 had not been implemented.

Monthly governance meetings were held at which key performance indicators such as resident profile, clinical documentation, clinical risk, health and safety, audits, resident and relative involvement, customer surveys, complaints, staffing issues and facilities 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 2017. 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 day trips to areas of local interest including a visit to the local museum and sister nursing home. Residents had commented that they were happy with the addition of fresh fruit during the afternoon tea rounds.

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

Judgment:
Substantially 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 June 2017 and she worked on a full time basis. She had worked in the centre since 2014 as a senior nurse and more recently as a clinical nurse manager. She had undertaken a post graduate Diploma in Gerontology and level 6 qualifications in healthcare management. 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.

**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 records as required by the Regulations were maintained in the centre and issues identified at the last inspection in relation to medication administration records had been addressed.

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 including Garda Síochána (police) vetting for all staff.

**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):**
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. Residents spoken to told the inspector that they felt safe in the centre. Where the person in charge had notified the Chief Inspector of allegations of abuse, the inspector was satisfied that these allegations had been managed in line with safeguarding policies, investigated and appropriate actions taken.

There was a policy on residents’ personal property, personal finances and possessions. The inspector was satisfied that systems in place to manage residents’ finances were clear and transparent. Small amounts of money were kept for safekeeping on behalf of some residents. There were regular reviews of individual accounts which were overseen by the administrator and person in charge. The provider had recently set up a separate residents interest bearing account. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

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 reduction in the use of bedrails, and the inspector saw that alternatives such as low beds, crash mats and bed alarms were in use for some residents. There were four 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.

The inspector reviewed a sample of files of residents presenting with behaviours that challenged and noted that comprehensive, focused, responsive behaviour care plans were in place to guide staff. There was evidence of regular multidisciplinary review as well as regular reviews of medications.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

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 spoken with were complimentary of staff many commenting that staff very kind, caring and helpful.

The person in charge confirmed that Garda Síochána (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

**Judgment:**
Compliant

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### 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):**

**Findings:**
The inspector was satisfied that risk management was well managed in the centre. Issues identified at the previous inspection had been addressed.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive, recently reviewed and updated. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks. Health and safety issues were also discussed and reviewed at the monthly team governance management meetings.

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. There was a personal emergency evacuation plan documented for each resident.

Training records reviewed indicated that all staff members had received training in moving and handling and refresher training was scheduled for some staff in November 2017. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in September 2017. 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 had received formal fire safety training.

There was evidence that regular fire drills had taken place during both day and night shifts. Records of fire drills included the names of staff on duty, time of drill, duration, actions taken and learning outcomes.

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. A lift was provided between floors. Service records reviewed indicated that the lift was serviced regularly.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer 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. All staff had recently completed infection control training.

The inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

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):
No actions were required from the previous inspection.

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

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

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

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicine errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines 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):
No actions were required from the previous inspection.
Findings:
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and residents had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, the inspector noted that on both days of the inspection there were limited meaningful activities taking place for residents in the first floor dayroom area.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. A local General Practitioner (GP) attended most residents and visited the centre twice weekly. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. Inspectors were satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

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, nutritionally at risk, presenting with behaviours that challenge, with wounds and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, continence, pain and functional behaviour.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Focused care plans were in place for some residents with specific needs such as pressure care, nutrition, wounds and responsive behaviour. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. 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 referrals
would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed.

The inspector 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 was satisfied that wounds were being well managed. There was a reported low incidence of wound development in the centre. The inspector reviewed the file of resident with a pressure ulcer and noted that there were adequate up to date wound assessments, photographs and wound care plans in place. Focused pressure area and nutrition care plans were also 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 regularly with staff, the outcome and lessons learnt were recorded.

Staff continued to provide a range of meaningful and interesting activities for residents. However, the inspector noted that on both days of the inspection there were limited meaningful activities taking place for residents in the first floor dayroom area during the morning time. There was an activities coordinator and social care practitioner on duty. 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 some residents enjoying a range of activities during the inspection including attending the book club, partaking in an arts and crafts workshop and a group Sonas (therapeutic programme specifically for residents with Alzheimer disease) session. Some residents were observed reading the newspapers, others walking about the centre and some feeding the birds in the enclosed garden area. Other activities that took place included individual Sonas sessions, bingo, baking, ball therapy, skittles, crosswords and puzzles, 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 day trips to the local museum, visited a sister nursing home in west Clare, Knock religious shrine and Kilfenora in north Clare. A number of residents attended local day care centres and were collected by bus. Some residents spoken with stated that they enjoyed the variety of activities taking place while others told the inspector that they enjoyed the garden area.

Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the
centre. Each resident's privacy and dignity is respected, including receiving 
visitors in private. He/she is facilitated to communicate and enabled to 
exercise choice and control over his/her life and to maximise his/her 
independence. Each resident has opportunities to participate in meaningful 
activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that the centre was run and managed in consultation with 
residents, however, some improvements were required to ensure that the privacy,
dignity and rights of all residents were fully respected. Other improvements were 
required to ensuring that all residents had the same quality of service and choice at 
meal times and the same opportunities to participate in meaningful activities appropriate 
to their interests and capabilities.

The inspector noted that the privacy and dignity of residents was generally well 
respected. Most residents had single bedrooms with en suite toilet and shower facilities. 
Bedroom and bathroom doors were closed when personal care was being delivered. 
Staff were observed to knock and wait before entering bedrooms. Adequate screening 
curtains were provided in shared bedrooms.
However, the inspector observed that the privacy and dignity of one resident in 
particular was not fully respected. This was discussed with the person in charge and 
home care manager who undertook to address the issue with staff.

The inspector noted on the first day of inspection that incontinence wear was openly 
stored on shelving and radiators in some communal toilet areas. Personal toiletries and 
other items such as razors, hair combs and brushes were stored inappropriately in some 
shared en suite bathrooms. There were inadequate systems in place to ensure that 
individual residents’ toiletries were stored in a way that ensured that they were used 
only by the individual. The inspector also noted that other personal items such as a 
Toothbrush, ointment and prescribed medicated shampoo labelled with residents names 
were found in another resident’s en suite bathroom. These practices did not promote 
the privacy, dignity and rights of residents.

Resident’s on the first floor did not always have the choice of having their meals in the 
dining room. On the first day of inspection the inspector noted that many residents on 
the first floor were served lunch in their bedrooms. On enquiry the inspector was told 
that there was a shortage of staff on the day and therefore staff were not available to 
assist some residents get to the dining room. Staff confirmed that because of staff 
shortages in recent months some residents remained in their bedrooms on some days. 
This practice impacted negatively on residents’ rights, dignity and choice. This matter 
was discussed with the person in charge and nursing management. On day two of the 
inspection residents were accommodated in both first floor and ground floor dining
areas.

The inspector observed the dining experience and noted that the quality of the service provided in the first floor dining room was poorer to the service provided in the ground floor dining rooms. The atmosphere in the ground floor dining room was relaxed, unhurried and appeared to be an enjoyable social event. In contrast, the first floor dining room experience appeared rushed and task focused. The inspector noted staff rushing in and out of the dining room and kitchenette. Some residents had to wait long time periods in order to be assisted with their meals. The inspector observed one resident sitting for over one hour at the dining table before staff were available to assist her with her meal. Other residents had finished their meals and left the dining room by this time. This issue was discussed with the person in charge and nursing management.

On day two of the inspection, the inspector noted some improvements to the work organisation during the lunch time period and additional support was provided by some nursing management staff prior to and during lunch time period. Staff spoken with confirmed that work had been reorganised, additional staff support was provided and that as a result staff had been available to assist all residents in a timely manner.

The inspector observed that residents in the first floor dining room did not have the same choices as those in the ground floor dining areas. For example, there were no milk jugs or sugar bowls provided on the tables. Milk and sugar was served by staff from large containers. This impacted upon some residents personal autonomy and choice.

**Judgment:**
Non Compliant - Major

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

**Findings:**
On the day of inspection there were 57 residents living in the centre, three residents were in hospital. Residents dependency levels were assessed using a recognised validated tool. There were 27 maximum, 19 high, seven medium and four residents of low dependency level. There were three nurses, a clinical nurse manager, seven care
assistants, one social care practitioner on duty during the morning time, three nurses, a clinical nurse manager, six care assistants and one social care practitioner on duty during the afternoon and evening time, two nurses and 3 care assistants on duty at night time. The social care practitioner worked from 8am to 8pm, and assisted with direct resident care in the morning time and at meal times. The person in charge and activities coordinator was normally on duty during the day time Monday to Friday.

All staff spoken with told the inspector that the work load had been challenging in recent months. They spoke of the increasing level of sick leave and the difficulties faced regularly when sick leave cover was not available. They stated that it was often difficult to meet the individual needs of all residents in a timely manner. The inspector observed how this negatively impacted on some residents’ rights and choice and is already discussed under Outcome 16: Residents rights, dignity and consultation.

These issues were discussed with the person in charge and healthcare manager who confirmed that it had been difficult to obtain cover when staff were sick at short notice. They stated that one health care assistant had been recently been recruited and that further recruitment was currently in progress. The person in charge and health care manager undertook to review staffing levels and work organisation in the centre. This issue had been brought to the attention of the provider in the previous inspection report.

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 2017. Some staff had recently completed training in infection control, responsive behaviour in dementia care, medication management and food safety.

**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
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
<th>Ennis Nursing Home</th>
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<td>Centre ID:</td>
<td>OSV-0000683</td>
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<td>Date of inspection:</td>
<td>17/10/2017</td>
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Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The action plan in relation to the issues identified following the dining experience audit had not been implemented.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A review of the first-floor dining experience has been undertaken to ensure that the residents on the first floor are afforded the same dining experiences as those residents on the ground floor.

The dining audit has been used as a guide to achieve a resident centred service with specific attention to presentation and detail and to provide an enjoyable and pleasant mealtime experience of equal opportunity for all.

The first floor dining room is supervised by the nurse in charge of the floor and she is supported by the PIC or CNM in coordinating the mealtime, ensuring that the dining experience is a pleasant and unhurried social occasion for all residents, including appropriate background music to add to the ambience.

Proposed Timescale: 06/11/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On both days of the inspection there was limited meaningful activities taking place for residents in the first floor dayroom area during the morning time.

2. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
A review of the activities provided in the first-floor dayroom has been undertaken. In addition to the Activities Coordinator, a Social Care Practitioner will be rostered to each floor and, as part of their role they will facilitate a range of activities for group and individual settings during the morning, in accordance with the residents’ assessed care needs and in line with their preferences.

The CNM will monitor the quality and range of activities offered to residents to ensure that they are meeting the needs of residents. There will be regular discussion and feedback about residents’ requirements for social engagement and their choice to participate in varied activities, during residents’/relatives’ meetings, staff handovers and team meetings in order to highlight the importance of effective and meaningful engagement with residents.
### Proposed Timescale: 30/11/2017

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

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

The privacy and dignity of one resident in particular was not fully respected. This was discussed with the person in charge and home care manager.

Incontinence wear was openly stored on shelving and radiators in some communal toilet areas. Personal toiletries and other items such as razors, hair combs and brushes were stored inappropriately in some shared en suite bathrooms as there were inadequate systems in place to ensure that each resident’s toiletries were stored in a way that ensured that they were used only by the individual. Other personal items such as a toothbrush, ointment and prescribed medicated shampoo labelled with residents names were found in other residents en suite bathrooms. These practices did not promote the privacy, dignity and rights of residents.

3. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

There has been a review of the allocation of staff in the home to ensure that appropriate supervision arrangements are in place to provide oversight of care delivery on both floors. All staff have been reminded to respect the privacy and dignity of all residents at all times.

All residents’ toiletries will be labelled with individual resident’s names. In shared occupancy rooms, residents’ toiletries are stored separately and easily identifiable to each resident.

Continence products have been removed from communal toilet areas and are now suitably stored in a secure and private area within residents’ own rooms, in compliance with the centre’s Infection Control Policies.

### Proposed Timescale: 07/11/2017

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

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

Residents on the first floor did not have the choice of having their meal in the dining room. On the first day of inspection the inspector noted that many residents on the first floor were served lunch in their bedrooms. On enquiry the inspector was told that there was a shortage of staff on the day and therefore staff were not available to assist some residents get to the dining room. Staff confirmed that because of staff shortages in
recent months some residents remained in their bedrooms on some days.

The inspector observed the dining experience and noted that the quality of the service provided in the first floor dining room was inferior to the service in the ground floor dining rooms. The atmosphere in the ground floor dining room was relaxed, unhurried and appeared to be an enjoyable social event. In contrast, the first floor dining room experience appeared rushed and task focused. The inspector noted staff rushing in and out of the dining room and kitchenette. Some residents had to wait long time periods in order to be assisted with their meals. The inspector observed one resident sitting for over one hour at the dining table before staff were available to assist her with her meal. Other residents had finished their meals and left the dining room by this time.

Residents dining on the first floor dining room did not have the same choices as those in the ground floor dining areas. For example, there were no milk jugs or sugar bowls provided on the tables in the first floor dining room. Milk and sugar was served by staff from large containers. This impacted upon some residents personal autonomy and choice.

4. **Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
A review of the first floor dining experience has been undertaken to ensure that each resident is afforded an opportunity to exercise individual choice regarding where they take their meals. The recommendations of the internal audit of the dining experience have been implemented and compliance with the improved standards will be monitored by the CNMs on both floors.

Every effort is made to ensure that the dining room experience is pleasant and inviting. Some residents express a preference to dine in the privacy of their own room and their choice will be respected.

The allocation of staff has been reviewed to ensure that staff are readily available to assist residents as required in any of the dining rooms in the centre, as well as supervising and providing assistance to those residents who wish to remain in their rooms at mealtimes.

An improved service has been introduced to ensure that the first floor dining experience is a pleasant and unhurried social occasion; supervision, guidance and direction is provided by the CNM and/or Nurse in charge. The quality of the dining experience in each of the centre’s three dining rooms is now consistently provided to the same high standard.

**Proposed Timescale:** 07/11/2017

**Outcome 18: Suitable Staffing**

**Theme:**
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff spoken with told the inspector that the work load had been challenging in recent months. They spoke of the increasing level of sick leave and the difficulties faced regularly when sick leave cover was not available. They stated that it was often difficult to meet the individual needs of all residents in a timely manner. The inspector observed how this impacted on some residents and is already discussed under Outcome 16: Residents rights, dignity and consultation.

5. 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:
A review of staffing in the centre has been undertaken to ensure that the assessed care needs of all residents can be met safely and effectively, with due regard to the number and dependency levels of residents. Improvements in supervision, direction and appropriate deployment of staff have been implemented.

The allocation of duties has been reviewed to ensure that the care of residents is provided consistently and appropriately throughout the day.

There is an active recruitment programme in progress to ensure that all vacant posts are filled with suitably qualified and experienced staff.
The PIC will monitor compliance with the revised staffing allocation and will review regularly to ensure that the care needs of every resident are consistently met.

Proposed Timescale: 17/11/2017