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<th>St Columba’s Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000552</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Thomastown, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 772 4178</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:georgina.bassett@hse.ie">georgina.bassett@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patricia McEvoy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
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<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.
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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 14 August 2014 08:15  
To: 14 August 2014 14:15

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

| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 07: Safeguarding and Safety                          |
| Outcome 09: Medication Management                           |
| Outcome 11: Health and Social Care Needs                   |

Summary of findings from this inspection
The inspection was an unannounced inspection to monitor compliance in relation to management of medications and was triggered by a concern received by the Authority in relation to the use of chemical restraint. These concerns were looked into throughout the inspection and the inspectors’ findings are outlined in the body of the report. As part of the single outcome inspection, the inspector met with the person in charge, residents and staff members. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, training records, complaints log, policies and procedures and records of residents’ meetings.

There was evidence of corrective action taken as indicated in response to the last action plan. Medication management audits took place on a regular basis and actions identified were seen to be implemented. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. The principles of good practice in relation to medication reconciliation were implemented.

A number of improvements were required to comply with the requirements of 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 relating to medication management. The following is a summary of these required improvements:

- Review of the centre-specific medication management policy and collaborative practice agreements for nurse prescribing
- administration of crushed medications
- storage of medications
- documentation of chemical restraint
- recording of medication administration.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**Findings:**
Only the component in relation to medication management was considered as part of this inspection. As outlined in outcome 9, the inspector noted and staff confirmed that the medication management policy was due for review in April 2014. The inspector observed that medication administration practices did not adhere to the centre-specific policy. When crushing medications for residents, nursing staff did not clean the pestle and mortar with water after crushing each resident's medication nor did individual residents have their own designated pill crusher, as outlined in the policy. The inspector observed nursing staff crushing medications which the centre-specific policy stated were not designed to be crushed including modified release tablets.

The inspector observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. 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:
Only the component in relation to chemical restraint was considered as part of this inspection. Staff with whom the inspector spoke demonstrated knowledge of chemical restraint. There was evidence of input from the psychiatric team in relation to the prescribing of chemical restraint and the centre-specific policy included a commitment to a restraint-free environment. However, the inspector noted that documentation in relation to chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health.

The policy document outlines the general principles for individual decision making. The inspector did not see documented evidence that any potential episode of restraint was considered only if the potential benefit of restraint to the resident, and the risk involved if restraint is not used, outweigh the possible negative effects on the resident subject to restraint. Resident's views in relation to chemical restraint were not documented. The inspector noted that records for residents subject to chemical restraint did not include a consideration of all alternative interventions.

A full assessment of the resident prior to each episode of chemical restraint, monitoring of residents during any episode of chemical restraint, adverse events resulting from chemical restraint and a detailed record of each episode of chemical restraint were not documented.

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

Findings:
The centre-specific policy on medication management was made available to the inspector. The policy was comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. However, the inspector saw that the policy was due for review in April 2014 and medication administration practices did not adhere to the centre-specific policy; this is covered in outcome 5.

Medications were supplied by the pharmacy department in the local acute hospital for long stay residents. The inspector observed that, for residents attending on respite, a comprehensive medication history was obtained on admission using a number of sources. Residents attending on respite were asked to bring in their own medicines from home dispensed by their pharmacist of choice and nursing staff were seen to confirm the medication to be correct.

Medications were stored securely on the majority of units. However, the inspector observed an unlocked cupboard containing a number of prescription only medications within an unsecured room.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. Medications requiring refrigeration were stored appropriately. However, the temperature of the medication refrigerators on a number of units was not monitored; this is covered in outcome 11.

Medication management training was facilitated regularly and nursing staff demonstrated knowledge and understanding of professional guidance in medication management. The inspector observed resources relating to medication management were available to staff on all units.

The inspector spoke with a member of nursing staff who was also a Registered Nurse Prescriber (RNP). She demonstrated understanding of her legislative responsibilities when prescribing. The inspector saw that prescriptions issued by RNPs were completed in line with the relevant legislation and practice standards. Staff reported and the inspector saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

Medication management audits were completed annually, on identified pertinent deficiencies and there was evidence that the appropriate actions were implemented. Staff with whom the inspector spoke reported that the use of chemical restraint was not routinely monitored; this is covered in outcome 7.

The inspector noted that medication prescription sheets were current and contained all of the required elements. Medication administration sheets identified the medications on the prescription sheet, contained the signature of the nurse administering the
medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet. However, the medication administration sheets were not always completed; this is covered in outcome 5.

The inspector observed improvements had been made in relation to a consistent system for monitoring stocks and stock control of medication on each unit. Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, the inspector noted expired eye drops stored in the medication refrigerator that had not been segregated from other medicinal products.

Minutes of staff meetings were made available to the inspector where there was documented discussion on medication management including arrangements with pharmacy provider, medication audit results and proposed improvements to medication management.

**Judgment:**
Non Compliant - Moderate

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**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:**
Only the component in relation to medication management was considered as part of this inspection. The inspector observed and staff confirmed that the temperature of the medication refrigerators on a number of units was not monitored on a daily basis and the thermometer was not functioning on one unit. There was no way of monitoring the reliability of the medication refrigerator in accordance with professional guidance issued by An Bord Altranais agus Chámhseachais.

**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:

Louisa Power
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Columba's Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000552</td>
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<tr>
<td>Date of inspection:</td>
<td>14/08/2014</td>
</tr>
<tr>
<td>Date of response:</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 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 saw that staff did not reflect the medication management policy in practice with respect to crushing medications.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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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:
CNMs notified of findings immediately and corrective measures put in place. Additional Pestle and Mortars ordered where required and nursing staff informed re requirements as per Medication Policy 6.15.1. which has been amended to indicate that all medications should be crushed individually using pill crushers/pestle & mortar which should be washed after each use.
The new policy has been disseminated to CNMs in each area and this practice will be audited twice annually as per quality improvement plan.

Proposed Timescale: 06/10/2014
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The review date specified on the medication management policy was April 2014.

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
Medication Policy had been reviewed in April 2013. Policy was in process of being reviewed at time of inspection and is now complete. Awaiting final sign off by Consultant Geriatrician. Next review date set for September 2016.

Proposed Timescale: 06/10/2014
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication administration sheets were left blank at a number of times where medication was due to be administered.

Action Required:
Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
Documentation Audit is due to be carried out in November as part of the Quality Improvement Plan. There will be a focus on drug administration therein to ensure that the administration sheets are being consistently documented correctly as per 6.4.11 of
the Medication Policy. This omission has not been a common occurrence in previous audits.
The nursing staff have been reminded by CNMs to document all omissions including medications not administered due to patient being out of the residential unit e.g. weekend leave.

**Proposed Timescale:** 30/11/2014

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Documentation in relation to chemical restraint was not in accordance with national policy

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
A chemical restraint policy is being developed.

This policy will include a risk assessment form and a care plan for use for all residents receiving sedative medication to ensure there is clear documentation to demonstrate that episodes of chemical restraint are only considered if the benefits outweigh the possible negative side effects on the person receiving the sedative medication. The Chemical restraint policy and care plan will cover assessment, monitoring, recording & reviewing any positive or adverse outcomes in accordance with "Towards a Restraint Free Environment in Nursing Homes"

Residents/family views will be documented on the care plan.

The safety and response of the resident to sedation is monitored closely and will be clearly documented in this newly designed care plan for each episode of chemical restraint.

This will be audited in November 2014 as part of the planned Documentation audit as per the Quality Improvement Plan

The Medical Officer and Psychiatry of Later Life consultant and her team will continue to review medication requirements for all residents requiring sedative medication and along with the nursing team will continue to monitor the effects of same.

All residents receiving night sedatives are documented on the daily communication handover sheet and the Director of Nursing retains a register daily regarding all
residents on night sedation. The Handover Communication Sheet and Register will be updated to include all residents receiving sedative medication.

This information will be submitted with the HIQA quarterly notifications.

Training will be provided for all Nursing and Healthcare Assistant staff in relation to the newly developed policy.

**Proposed Timescale:** 15/12/2014

### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector noted expired eye drops stored in the medication refrigerator that had not been segregated from other medicinal products

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**
The eye drops have been removed. Nursing staff have been reminded to adhere to strict stock control as per SOP. This will be audited as part of the Medication Audit due in November 2014 as part of the Quality Improvement Plan 2014

**Proposed Timescale:** 30/11/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector observed an unlocked cupboard containing medications within an unsecured room.

**Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
CNMs have instructed all staff to ensure that cupboards containing medication are not
left unlocked if unattended at any time. CNMs will monitor this at ward level daily

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### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no way of monitoring the reliability of the medication refrigerator in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
Funding was approved for purchase of new medication fridges for all ward offices. Expected for delivery this week.

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