Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000283
Centre address:	Village Green, Freshford, Kilkenny.
Telephone number:	056 883 2432
Email address:	stcatherinesnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Catherines Nursing Home Limited
Provider Nominee:	Jim Brosnan
Lead inspector:	Louisa Power
Support inspector(s):	Maria Scally;
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	8

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:	To:
07 October 2014 09:30	07 October 2014 14:00

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 09: Medication Management

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance in relation to management of medications as part of an initial project to develop a programme for focussed inspections in this area. 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.

Staff demonstrated knowledge and awareness of safe and appropriate medication administration practices in line with the centre's medication management policy. The pharmacist was facilitated to provide pharmaceutical services to residents in line with guidance issued by the Pharmaceutical Society of Ireland. Management of expired or unused medications was safe and appropriate.

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:

- Practice of crushing oral medications
- monitoring of medication refrigerator temperature
- documentation in medication administration records and for telephone/verbal orders
- management of controlled drugs.

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 observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. Medication administration sheets did not always accurately reflect all the medications 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre-specific policy on medication management was made available to the inspector which had been reviewed in September 2014. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate

knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland including review of prescribed medicine therapy in conjunction with nursing staff and the resident's doctor.

The inspector noted that medications were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. However, the temperature of the medication refrigerator was not monitored and there was no way of monitoring the reliability of the medication refrigerator.

Storage of controlled drugs was safe and in accordance with current guidelines and legislation. The centre maintained a register of all transactions relating to controlled drugs in line with legislation. However, the inspector noted that records did not reflect that stock balances of controlled drugs were checked that the handover of each shift in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

Records made available to inspectors confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. Medication management audits were planned but had not been completed at the time of inspection.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. The inspectors noted that the medication administration records were not consistently completed; this is covered in outcome 5.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. However, telephone and verbal orders were not always recorded appropriately to include the date and time of the receipt of the order, the prescriber’s full name and his/her confirmation of the order in line with professiona guidance lissued by An Bord Altranais agus Cnáimhseachais

Some residents required their medications to be crushed prior to administration. The inspector observed that there was an instruction at the top of the prescription chart for medications to be crushed but each individual prescription did not contain an

authorisation from the prescriber to crush medications.

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. Records were available for the medications returned to the pharmacy which allowed for an itemised, verifiable audit trail.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000283
Date of inspection:	07/10/2014
Date of response:	30/10/2014

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:
Medication administration records were not always complete and accurate.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

[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:
Reg Nursing Staff informed via training session re completion and accuracy of records

Proposed Timescale: 30/11/2014

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:
Telephone and verbal orders were not always recorded appropriately to include the date and time of the receipt of the order, the prescriber's full name and his/her confirmation of the order

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Reg Nursing Staff informed via training session re appropriate recording of telephone and verbal orders.

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:
Records did not reflect that stock balances of controlled drugs were checked that the handover of each shift

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:
Reg Nursing Staff informed via training session re Accurate recording of stock balances of controlled drugs

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 temperature of the medication refrigerator was not monitored and there was no way of monitoring the reliability of the medication refrigerator.

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:
The temperature of the medication refrigerator to be monitored daily

Proposed Timescale: 31/10/2014

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each individual prescription did not contain an authorisation from the prescriber to crush medications.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Reg Nursing Staff informed via training session re authorisation from the prescriber to crush medications.

Proposed Timescale: 30/11/2014