<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Claremount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000329</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Claremount, Claremorris, Mayo.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>094 937 3111</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:amhegarty@yahoo.co.uk">amhegarty@yahoo.co.uk</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Claremount Nursing Home Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Ann Marie Hegarty</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Louisa Power</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>55</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>5</td>
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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.
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: 23 September 2014 08:20  
To: 23 September 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 |
| 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 as part of an initial programme to develop a programme for focused 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.

There was evidence of corrective action taken as indicated in response to the last action plan. Staff were facilitated to complete medication management training. Staff demonstrated knowledge and awareness of safe and appropriate medication administration practices. Medication management audits took place on a regular basis and actions identified were seen to be implemented. Handling and storage of medications, including controlled drugs, was safe and in accordance with current guidelines and legislation. The principles of good practice in relation to medication reconciliation were implemented. Measures had been implemented to reduce the risk associated with the management of warfarin and insulin.

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:
• Implementation of the centre-specific medication management policy which was in draft format
• management of medications with shortened expiry dates after opening or removal from refrigerator
• assessment and documentation of self-administration
• provision of information to identify medications in compliance aids.
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. The person in charge confirmed to the inspector that the centre-specific medication management policy was under review and in draft format.

Judgment:
Non Compliant - Minor

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 person in charge stated that the centre-specific policy on medication management was under review so as to reflect recent changes to the medication management system; this is covered in outcome 5.

Medications were supplied by a local community pharmacy. Audits undertaken by the pharmacy were discussed at residents' meetings and the pharmacy offered a counselling service to residents.
The inspector noted that all medications were stored securely in a locked room or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. The inspector noted that only controlled drugs that were dispensed for and required for current residents were kept.

Medication management training was facilitated regularly, competency assessments were completed for new nursing staff 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.

The inspector observed that compliance aids were used by nursing staff to administer medications to residents. Staff with whom the inspector spoke confirmed that training had been provided regarding these systems. However, the inspector noted that a number of compliance aids were not labelled sufficiently to enable identification of individual medicines; this is covered in outcome 11.

Residents were facilitated to self-administer medications but the assessment and care planning process was not in place for all residents who self-administer medication and this is covered in outcome 11.

The use of chemical restraint was in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. The inspector saw documented evidence that potential episodes 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. The inspector noted that records for residents subject to chemical restraint included 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 documented.

Medication management audits were completed regularly, on identified pertinent deficiencies and there was evidence that the appropriate actions were implemented.

The inspector noted that medication prescription sheets were current and contained all of the required elements and maximum daily doses were specified for 'pro re nata' (PRN) medication. 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. The medication administration sheets clearly stated the times and dates for medications to be administered. However, the inspector identified an ambiguous prescription that nursing staff had not verified prior to administration. The inspector brought this to the attention of the person in charge and she contacted the prescriber who clarified the prescription.
Staff reported and the inspector saw that it was not practice for staff to transcribe medication. Residents were not receiving medication in a crushed form at the time of the inspection.

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 of these transactions were made available to the inspector who saw that the records were signed by the pharmacist and a nurse. However, the inspector noted that, for items with reduced expiry when opened or removed from the refrigerator, the date of opening or removal was not recorded in all cases. Therefore, staff could not identify when these medications were due to expire.

The inspector saw that measures had been put in place to promote the safe management of warfarin and insulin such as the implementation of specific administration charts that allowed nursing staff to record relevant blood results. The management of status epilepticus using midazolam was guided by a comprehensive resident-specific management plan that had been developed in collaboration with the prescriber.

Records made available to the inspector confirmed that relevant information in relation to medication and any changes were provided when residents were transferred to and from hospital.

Minutes of staff meetings were made available to the inspector where there was documented discussion on medication management including medication audit result, appropriate documentation in medication administration records and management of warfarin.

**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
The inspector noted that a number of compliance aids were not labelled sufficiently to enable identification of individual medicines. Professional guidance issued by An Bord Altranais agus Cnámhseachais states that the ability of the nurse to quickly identify a specific medication among several medications in a compliance aid is essential to confirm the right medication is being administered.

The inspector observed that adequate supervision was in place for the two residents who self-administered their medication to ensure adherence to the medicinal product therapy and treatment plan. There was an assessment process in place which evaluated the resident's ability to self-administer, care plans were developed to support self-administration in consultation with the resident. However, the assessment and care planning process was not in place for one resident who self-administers medication in line with professional guidance issued by An Bord Altranais agus Cnámhseachais.

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**

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<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>23/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24/10/2014</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 medication management policy was under review and in draft format.

**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:
The finalised Medication Management Policy will be put in to circulation next week.

Proposed Timescale: 30/10/2014

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 date of opening or removal was not recorded for items with reduced expiry when opened or removed from the refrigerator. Therefore, staff could not identify when these medications were due to expire.

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 Person In Charge had a meeting with pharmacy staff following the inspection and labels have been provided to illustrate opening and expiry dates for drugs with reduced expiry.

Proposed Timescale: 14/10/2014

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:
A number of compliance aids were not labelled sufficiently to enable identification of individual medicines 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:
Following the meeting with pharmacy, all medications have either a photograph or written information to describe the medication. The pharmacy are in consultation with the software company to see if they can find photos for all medications in the MyMar blister.

**Proposed Timescale:** 20/10/2014

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The assessment and care planning process was not in place for all residents who self-administer medication in line 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:**
There were two residents self-administering inhalers only on the day of inspection. One resident had the appropriate documentation in place and one did not. There is now documentary evidence in both care plans.

**Proposed Timescale:** 25/09/2014