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:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Centre address:	Farnablake East, Athenry, Galway.
Telephone number:	091 844 833
Email address:	maryfield1@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	West of Ireland Alzheimers Foundation
Provider Nominee:	John Grant
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of 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:
03 October 2014 09:35	03 October 2014 14:30

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 08: Health and Safety and Risk Management
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 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 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.

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
- identification and reporting of medication related incidents
- documentation in medication administration records

• clarification of incomplete prescription medication orders
•review of care plans and protocols in relation to epilepsy management.

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

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 person in charge confirmed that the medication management policy was due for review in January 2014.

The inspector observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. The inspector saw that the times recorded did not correspond to the actual time medication was administered. Therefore, there was not a complete and accurate record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:
Non Compliant - Moderate

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):
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 saw that medication related incidents were not always reported and therefore investigated promptly. An incident in

relation to miscalculation of medications held in stock had occurred. The inspector saw a record which confirmed that medications were counted at the handover of each shift and that staff had signed that the balance of this medication was correct even though an imbalance had occurred. The person in charge confirmed that the incident had been brought to her attention 4 days later, on the day of inspection, and she would complete the investigation promptly.

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 January 2014; this is covered in outcome 5.

Medications were supplied by a community pharmacy in the locality and records made available to the inspector confirmed that this was the pharmacist of residents' choice. 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. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

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 it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

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

Care plans were in place where needs were identified such as epilepsy and chronic pain. However, the inspector observed that the care plans and protocols to guide staff in the event of a seizure were not updated; this is covered in outcome 11.

The person in charge provided the inspector with results of quarterly audits in the area of medication management. The inspector saw that actions identified in the audits were implemented.

The inspector noted that there was a system for the identification, reporting, investigation and learning from medication related incidents. The incident log was made available to the inspector which recorded the nature of the incident, immediate actions taken, investigation by the person in charge and learning to be implemented. However, the inspector saw that incidents were not always reported and investigated in a timely fashion; this is covered in outcome 8.

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 inspector noted that the medication administration records were not consistently completed and the times recorded in the medication administration record were not always accurate; 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, the inspector saw that there were incomplete and unsigned medication prescriptions. There was no record that clarification had been sought from the prescriber that this was a valid prescription in order to ensure that medications were administered in accordance with the directions of the prescriber.

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. A duplicate book was available to record the medications returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Regular training was facilitated for nursing staff and recent topics included management of warfarin, Parkinson's Disease and insulin. The results of medication management audits were discussed at these sessions.

Judgment:
Non Compliant - Minor

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. As outlined in outcome 9, care plans had been developed for residents with assessed needs such as pain and epilepsy. However, care plans in relation to epilepsy had not been updated in accordance with a resident's changing needs. The inspector saw that care plans had not been updated when a medication regimen was changed by a prescriber and this would not guide staff in the care of a resident. Protocols for the treatment of status epilepticus were not signed or dated. Therefore it was not clear when these protocols were due for review and if the protocols guided current management of residents.

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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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[1]

Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000359
Date of inspection:	03/10/2014
Date of response:	03/11/2014

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:
The medication management policy was due for review in January 2013

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

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

in accordance with best practice.

Please state the actions you have taken or are planning to take:
The policies and procedures under regulation 4(1) has been reviewed by the director of nursing and the provider on 06.10.14 any necessary amendments were made and the documents were signed. These documents will be for review before 06.10.17 or in line with recommendation with the chief inspector or in any event that may occur with medication that is not covered by the guidelines in the policies.

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(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.

Please state the actions you have taken or are planning to take:
Medication administration sheets will be checked in line with prescription and signed for immediately following administration. If in the event it is not successful to administer the medication, the correct entry for omission will be documented and signed.

In-house teaching session will be put in place for carers discuss and address behaviour change in Maryfield, and highlight the consequences of interrupting nursing staff during medication administration.
Proposed Timescale: immediately teaching session scheduled for 12.11.14

Proposed Timescale: 12/11/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The actual time of administration did not reflect the time recorded in the medication administration record.

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.

Please state the actions you have taken or are planning to take:
The administration of medication will be carried out as close to the administration time prescribed by the GP with a flexibility of one hour pre and post prescribed time. In the event that there is a lapse of more than one hour, the nurse will document the specific time it was given on the medication administration record sheet and in the careplan, and will also hand over the time given This has been discussed in consultation with the general practitioners attending to the residents of Maryfield Nursing Home

Proposed Timescale: 03/11/2014

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A medication related incident had not been reported promptly.

Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The director of nursing has investigated the incident by carrying out a root cause analysis of the incident and forwarded this to HIQA with an action plan to increase control measures to safeguard against further medication incidents.

Proposed Timescale: 31/10/2014

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:
There was no evidence that clarification had been sought in relation to incomplete or unsigned prescriptions.

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:

The person in charge has drafted a letter to the general practitioners and enclosed a copy of the report from the findings of the HIQA inspection. She also highlighted the need for all medications prescribed to dated and signed individually.

Proposed Timescale: 31/10/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans and protocols for the management of epilepsy did not reflect the current treatment and care that is delivered.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
A seizure protocol was written by the GP and the person in charge and put into all careplans for residents who are at risk of seizures but the protocol had not been signed by both to authorise it. The person in charge sent the protocol to both GP's to authorise the procedure. The authority was then forwarded to the pharmacy who put the protocol onto the MAR.

Proposed Timescale: 31/10/2014