

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Anne's Private Nursing Home
<b>Centre ID:</b>	OSV-0000387
<b>Centre address:</b>	Sonnagh, Charlestown, Mayo.
<b>Telephone number:</b>	094 925 4269
<b>Email address:</b>	kathsmyth@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kathleen Smyth
<b>Provider Nominee:</b>	Kathleen Smyth
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	0

## 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: 24 September 2014 09:00 To: 24 September 2014 14:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management
Outcome 18: Suitable Staffing

### **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.

There was evidence that some corrective action was taken as indicated in response to the last action plan. However, many practices in relation to storage and transcription remained unsatisfactory.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. A lock had been fitted to the refrigerator used for storage of medications.

An immediate action plan was issued to the provider by the inspector in relation to unsafe medication administration practices.

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:

- Medication administration practices and documentation
- transcription

- medication management audits
- medication storage and disposal

**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 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:**

Only the component in relation to medication management was considered as part of this inspection. A medication management audit had been completed in March 2014 and the results were made available to the inspector. The audit only covered a limited number of aspects in relation to medication management. The inspectors were not satisfied of the validity of the medication management audits as the audits did not identify issues which the inspectors identified during the inspection

**Judgment:**

Non Compliant - Moderate

***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 provided the inspector with two distinct medication management policies throughout the inspection. Both policies were stored in the nurses' station and the inspector noted a lack of clarity as to the medication management policy being implemented. Neither of the policies were centre-specific. The most recent policy stated that it was to commence in February 2013. The inspector noted that medication administration records were not consistently completed and were ambiguous.

**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 person in charge made the policy in relation to medication management available to the inspector. However, the inspector was not satisfied that the policy was centre-specific and was fully implemented; this is covered in outcome 5.

Medications for residents were supplied by a local community pharmacy. The inspector noted that medications were stored in a locked cupboard or medication trolley.

However, the inspector observed that the lock on one of the medication cupboards was not adequately secure and the nurses' station was unlocked on a number of occasions.

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 no residents were self-administering medication at the time of inspection. The practice of transcription was not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais. The signature of the second person checking the prescription transcribed was not present.

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.

A medication management audit were had been completed in March 2014 and the results were made available to the inspector. The audit did not cover many aspects in relation to medication management and the inspector was not satisfied of the validity of the audits as the audits did not identify pertinent issues identified during the inspection. This is covered in outcome 2.

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.

The inspector was not satisfied that medications were being administered in accordance with the directions of the prescriber. There was a large number of medication omissions noted by the inspector. Medications were not administered at the time prescribed. Medications were not administered at the frequency prescribed. The inspector noted that some essential medications were not administered to residents over a number of days. The doctor reviewed some residents on the day of inspection and records made available to the inspector confirmed that the doctor had intended for these medications to continue without interruption.

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 inspectors noted expired items stored in the refrigerator that had not been segregated from other medicinal products or returned to the pharmacy for disposal.

Records made available to the inspector confirmed deficits in training for staff in relation to medication management; this is covered in outcome 18.

**Judgment:**  
Non Compliant - Major

#### ***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):**

No actions were required from the previous inspection.

**Findings:**

Only the component in relation to medication management was considered as part of this inspection. Records made available to the inspector outlined that 40% of nursing staff had no recorded medication management training which was significant in light of other findings relating to medication management.

**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<sup>1</sup>

Centre name:	St Anne's Private Nursing Home
Centre ID:	OSV-0000387
Date of inspection:	24/09/2014
Date of response:	23/10/2014

### 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 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 results of the medication management audit were not valid as the pertinent deficiencies were not identified.

#### Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Monthly Medication management Audit is being Done by P.I.C. and the Registered Provider is monitoring that the audits are done. One for October has been done.

**Proposed Timescale:** 23/10/2014

**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:**

There was a lack of clarity as to the medication management policy implemented in the centre.

**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.

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

Medication management Policy has been implemented and available to staff in the nurses office.

**Proposed Timescale:** 23/10/2014

**Theme:**

Governance, Leadership and Management

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

The inspector observed two different medication management policies available to staff in the nurses' station.

**Action Required:**

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

One medication Management Policy has been selected and in Place. Staff nurses have been notified and are now aware of the Medication management policy in use.

**Proposed Timescale:** 23/10/2014

**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 consistently completed.

**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:**

PIC supervising the administration and recording of all drugs records. A medication management course booked for 11th November 2014. Three Nursing Staff will attend. Medication management Audit is being done monthly.

**Proposed Timescale:** 23/10/2014

**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:**

Medications were not administered as prescribed, including omissions in administration over a number of days, medications not given at the time or frequency prescribed.

**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:**

Arrangement in place with pharmacy ensuring that prescribed medication are delivered on time. New Administration Drug sheets in place ensuring that residents receive their drugs at prescribed time and frequency.

**Proposed Timescale:** 23/10/2014

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The lock on one of the medication cupboards was not adequately secure and the nurses' station was observed to be unlocked on a number of occasions.

**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:**

Secure locks are in place for medication cupboards. Nurses Station is locked at all times.

**Proposed Timescale:** 23/10/2014**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Expired medicines were stored in the refrigerator and 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:**

There is now a new Audit on Medication Monitoring & Review in place. A record of Disposal of medication in place with pharmacy.

**Proposed Timescale:** 23/10/2014**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The practice of transcription was not in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais

**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:**

Revised Drug Charts have been implemented on. Doctors have revised the resident Medications and re-prescribed on new chart. Doctors and Nurses signature are clearly documented on new chart.

**Proposed Timescale:** 23/10/2014