<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Support Care Facility Prague House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000548</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Freshford, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 883 2281</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:srbridget1@gmail.com">srbridget1@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Freshford Social Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bridget Lonergan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
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: 08 October 2014 08:35 To: 08 October 2014 14:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
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</thead>
<tbody>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

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 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.

During the inspection, the inspector identified that the person in charge had not submitted a notification in relation to the unexplained absence of a resident in line with the requirements of the Regulations. The person in charge made an assurance that the notification would be submitted the following day.

There was evidence that some corrective action was taken as indicated in response to the last action plan. The person in charge confirmed that the practice of secondary dispensing had ceased. However, some improvements were still required in the areas of training and supervision and the self-administration of medications by residents.

Handling, storage and disposal of medications, including controlled drugs, was safe and in accordance with current guidelines and legislation. The pharmacist was facilitated to provide residents with pharmacy services in line with guidance issued by the Pharmaceutical Society of Ireland.

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 medication management policy
- Medication prescription and administration records
- Medication management training
- Ongoing assessment and supervision where residents self-administer medications
**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 March 2014. The medication administration records did not include the administration of insulin, warfarin, inhalers and eye drops. The person in charge stated that staff record the administration of insulin and eye drops in the resident's care plan. However, the inspector saw that this record was incomplete as it did not include the name and dose of the medication administered.

**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, a comprehensive risk assessment tool was
available for self-administration of medication which included an assessment of
dexterity, vision and literacy. However, this assessment was not in place for all residents
who self-administer medication. Supervision of this practice was lacking to monitor
resident's changing needs. There were inadequate controls implemented to manage
risks identified in line with a resident's changing needs such as non-compliance and non-
concordance with medication.

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. 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 March 2014;
this is covered in outcome 5.

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. Residents with whom the inspector
spoke outlined that they were facilitated to avail of pharmaceutical services and
demonstrated knowledge of their medications. Records of medications delivered by the
pharmacy were made available to the inspector which ensured an itemised, verifiable
audit trial.

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 person in charge confirmed that the practice of secondary dispensing had ceased.
The inspector observed medication administration at midday. Where staff administered
medication to residents, appropriate documentation was made in the medication
administration record. Prescriptions were available to staff administering medications.
A number of residents were self-administering medications. The inspector spoke with some of these residents who were familiar with their medications, dose and any side-effects. A comprehensive risk assessment tool was available which included an assessment of dexterity, vision and literacy. However, this assessment was not in place for all residents who self-administer medication; only the component in relation to medication management was considered as part of this inspection. However, this assessment was not in place for all residents who self-administer medication. Supervision of this practice was lacking to monitor resident’s changing needs. There were inadequate controls implemented to manage risks identified in line with a resident’s changing needs such as non-compliance and non-concordance with medication.

A medication management audit had been completed in September 2014 and the results were made available to the inspector.

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 prescription charts were not complete and did not contain all medications prescribed to residents including warfarin, insulin and eye drops. Medication administration records did not contain all medications administered; this is covered in outcome 5.

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 were signed and dated by centre staff and the pharmacist.

The training matrix was made available to the inspector but there was no record of staff attending medication management training; this is covered in outcome 18.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector noted an incident report relating to the unexplained absence of a resident from the centre that had occurred in April 2014. Even though there was evidence that
the incident had been dealt with appropriately, the person in charge had failed to give notice in writing to the Authority of the incident within 3 working days of its occurrence. The person in charge confirmed that a notification had not been submitted and assured the inspector that the notification would be submitted the following day.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Workforce

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Findings:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Only the component in relation to medication management was considered as part of this inspection. Records made available to the inspector outlined staff had no recorded medication management training which was significant in light of other findings relating to medication management.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Judgment:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>
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
Provider’s response to inspection report

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<tr>
<td>Centre ID:</td>
<td>OSV-0000548</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29/10/2014</td>
</tr>
</tbody>
</table>

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 March 2014.

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:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The Medication Management Policy has now been reviewed.

Proposed Timescale: Complete

---

Proposed Timescale:

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records in relation to the administration of non-oral medications and warfarin were incomplete.

**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:**
Records for non-oral medication and warfarin are being updated.

Proposed Timescale: 31/10/2014

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**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:**
Risk assessments was not in place for all residents who self-administer medication

**Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk assessments for residents who self-administer medication are now being completed.

Proposed Timescale: 06/10/2014

**Theme:**
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate controls implemented to manage risks identified in line with a resident’s changing needs such as non-compliance and non-concordance with medication.

**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

**Proposed Timescale:**

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### 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:
Prescriptions charts did not contain prescriptions for insulin, warfarin or eye drops.

**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:**
All prescription charts now include insulin, warfarin and eye drops.

Proposed Timescale: Complete

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### Outcome 10: Notification of Incidents

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A notification had not been made in line with the requirements of the Regulations.
**Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
This notification has now been filed all further notifications will be received on time.

Proposed Timescale: Complete

**Proposed Timescale:**

<table>
<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> There was no record of medication management training for staff.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Training on medication management and administration has now carried out with staff by the pharmacist and will continue on a regular basis.</td>
</tr>
<tr>
<td>Proposed Timescale: Complete</td>
</tr>
</tbody>
</table>

Proposed Timescale: