# Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Dominic Savio Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000450</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cahilly, Liscannor, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 708 1555</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:desdemonasmith@hotmail.com">desdemonasmith@hotmail.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>Smith Hall Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Desdemona Smith</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
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<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>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</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: 04 December 2014 10:15  
To: 04 December 2014 15:00

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

<table>
<thead>
<tr>
<th>Outcome 07: Safeguarding and Safety</th>
<th>Outcome 09: Medication Management</th>
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**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. This inspection also followed up on actions emanating from an inspection in July 2014 relating to the use of psychotropic medications.

As part of the single outcome inspection, the inspector met with the person in charge, assistant director of nursing, residents and staff members. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, training records, policies and procedures.

There was evidence of corrective action taken as indicated in response to the last action plan and practices in relation to the management of psychotropic medication. A comprehensive centre-specific policy in relation to medication management was in place. 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.

Improvements were identified to enhance the substantive evidence of good practice. The required improvements are set out in detail in the action plan at the end of this report and include:

- Documentation of episodes of challenging behaviour
- management of medications with shortened expiry dates after opening or removal from refrigerator.
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 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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 the use of psychotropic medication for the management of challenging behaviour was considered as part of this inspection. The inspector noted that improvements had been made in relation to use of psychotropic medication for challenging behaviour.

The centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector. The policy was comprehensive and evidence based. There was evidence of input from the psychiatric team in relation to the prescribing of psychotropic medications.

The inspector observed good practice in relation to the management of challenging behaviour. Where a need was identified, care plans were developed and implemented. Care plans outlined alternative interventions to the use of psychotropic medications such as diversion, music, exercise and low stimulation environments. Behaviour charts were maintained, were made available to prescribers and served to guide prescribing practices. Nursing records outlined that PRN (or 'as required') psychotropic medications were considered only if the potential benefit to the resident, and the risk involved if medication was not administered, outweigh the possible negative effects on the resident. The inspector noted that records included a consideration of all alternative interventions.

However, the inspector noted that the documentation was not consistent. Nursing notes did not outline any detail in relation to an episode where a PRN psychotropic medication was administered. Therefore, it was not clear from the documentation if this episode of challenging behaviour was managed in a manner that was least restrictive in this case and if alternative strategies had been ineffective. This was discussed with the provider and assistant director of nursing who assured the inspector that a PRN psychotropic...
medication was warranted for this episode.

**Judgment:**
Non Compliant - Minor

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**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 August 2014. The policy was comprehensive, covered the relevant aspects of medication management and was evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy.

Medications were supplied by a local community pharmacy 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 the provision of a counselling service for residents and meaningful 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.

The inspector noted that medication prescription sheets were current and contained all of the required elements. Valid prescriptions were available for all medications to be administered including warfarin and oxygen. 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.

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

The inspector observed that improvements had been made in relation to the management of psychotropic medications. Records made available to inspector demonstrated that there had been a reduction in the overall level of usage in psychotropic medication following medication reviews. Psychotropic medication prescribed to be administered on a PRN basis (medication that is not scheduled or required on a regular basis) was not administered on a regular basis. However, the inspector noted an occasion where the daily nursing record did not support and provide a clear rationale for the administration practice; this is covered in outcome 7.

The assistant director of nursing completed weekly audits of medication prescriptions and administration records. The pharmacist also completes a regular medication management audits. The inspector saw that the audits identified pertinent deficiencies and 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 clinical incident form was made available to the inspector which recorded the nature of the incident, immediate actions taken, investigation and learning to be implemented.

Nursing staff reported that 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 inspector observed that date of removal from the refrigerator was not recorded for an insulin pen. Insulin has a reduced expiry when removed from the refrigerator. Therefore, staff could not identify when this medication was due to expire.

Nursing staff with whom the inspector spoke confirmed that medication management training was facilitated regularly and demonstrated contemporary knowledge of medicinal products. The inspector observed resources relating to medication management were available to staff.

**Judgment:**
Non Compliant - Minor
**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 reportⁱ

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000450</td>
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<tr>
<td>Date of inspection:</td>
<td>04/12/2014</td>
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<tr>
<td>Date of response:</td>
<td>07/01/2015</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 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Documentation in relation to episodes of challenging behaviour and the use of PRN psychotropic medications was not consistently maintained.

Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as

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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:
When there is an indication for the resident to have a prescribed dose of a PRN psychotropic drug and when all attempts of diversional therapy have been unsuccessful, the behaviour leading up to the need for the psychotropic drug will be documented in the nursing notes together with the response. This management is now implemented.

**Proposed Timescale:** 08/12/2014

### 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 from the refrigerator was not recorded for an insulin pen. Therefore, staff could not identify when this medication was 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 date of removal from the refrigerator is now recorded on all medications.

**Proposed Timescale:** 05/12/2014