

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St John's House
Centre ID:	OSV-0000101
Centre address:	202 Merrion Road, Dublin 4.
Telephone number:	01 269 2213
Email address:	admin@stjohnshouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Trustees of St John's House
Provider Nominee:	Graham Richards
Lead inspector:	Louisa Power
Support inspector(s):	Jim Kee;
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	10

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 28 May 2015 10:00 To: 28 May 2015 14:05

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

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance in relation to medicines management. The centre had commenced a pilot using electronic medication administration records and inspectors reviewed the systems, structure and procedure in place to ensure the safe management of medicines management in this context.

As part of the single outcome inspection, inspectors met with the person in charge, residents and staff members. Inspectors observed medication management practices and reviewed documentation such as policies and procedures, medication prescription and administration records, audits, records of meetings and training logs.

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 medicines, 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. Training in relation to medicines management was provided for staff.

A number of improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include a review of documentation practices to ensure accuracy and completeness.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 examined as part of this inspection. As outlined in outcome 9, the centre-specific policies in relation to transcription were not always fully implemented. The centre-specific policy required that, for transcribed records, the signature of the transcribing nurse and the signature of the second nurse, who independently checks the transcribed record be present. However, inspectors saw some records where the signature of the transcribing nurse was not present.

Judgment:

Substantially Compliant

***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 components in relation to medication management and medication safety were examined as part of this inspection. As outlined in outcome 9, there were arrangements in place for the reporting, investigating and learning from medication incidents/adverse events. However, inspectors saw that the documented learning from medication incidents/adverse events was not always holistic and focussed on the individual resident(s) affected rather than the systems and processes within the centre to prevent recurrence for other residents.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Residents were protected by the centre's policies and procedures for medicines management but some improvements were required in relation to documentation and implementation of the centre-specific policy.

The centre-specific policy on medication management was made available to inspectors. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document. However, inspectors saw that the policy was not implemented in relation to transcription and record-keeping. The person in charge outlined that the policy would be updated following the full implementation of electronic medication administration records.

Medications for residents were supplied by a community pharmacy. Pharmacists were visiting the centre for a management meeting and spoke with inspectors. The pharmacists confirmed that they were facilitated to carry out their obligations to residents under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Medicines 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. Inspectors saw and staff confirmed that controlled drugs were not in use at the time of inspection but robust procedures were in place to store, record and manage these medicines in line with the relevant legislation.

An inspector observed medication administration practices and found that the nursing

staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff, with whom inspectors spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and inspectors saw that no residents were self-administering medication at the time of inspection.

Medication-related incidents were identified, reported and investigated in a timely manner. There was evidence of learning from these incidents but the learning was not always holistic; this is discussed in outcome 8.

Inspectors reviewed a sample of prescription records. Based on a sample reviewed, inspectors noted that the centre-specific policy in relation to transcription was not always implemented; this is discussed in outcome 5.

Some residents required their medications to be crushed prior to administration. Inspectors observed that each individual prescription did not contain an authorisation from the prescriber to crush medications. The maximum dose for some 'as required' medicines was not specified by the prescriber and had not been clarified by nursing staff. Resident-specific care plans in relation to these medicines did not guide staff in the administration of these medicines.

Inspectors examined a sample of administration records. The inspector noted that administration records identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medicines. Nursing staff were completing both paper and electronic administration records during the pilot of electronic medication administration records. Based on a sample reviewed, inspectors saw that the prescription and administration records were not always accurate and did not always correspond. For example, a resident was prescribed a medicine in a liquid form but the administration record indicated that the tablet form was administered.

Staff with whom inspectors 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.

There was a system in place for the reviewing and monitoring of safe medicines management practices. Key performance indicators were collected on an ongoing basis which included the use of psychotropic medicines, antibiotic usage and medication-related errors. Regular audits were completed which examined a number of areas related to medicines management including documentation, management of controlled drugs and administration. Inspectors noted that pertinent deficiencies were identified and actions were implemented in a timely manner.

Inspectors saw that comprehensive information was obtained when a resident was transferred to and from hospital in relation to medicines and that a robust medication reconciliation procedure was implemented in line with the principles of good practice published by the Authority.

Training records confirmed that regular training in medicines management was

facilitated for staff and that staff had received training in the electronic medication administration records programme prior to the implementation of the pilot project.

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 report¹

Centre name:	St John's House
Centre ID:	OSV-0000101
Date of inspection:	28/05/2015
Date of response:	22/07/2015

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 centre-specific medication management policy was not always implemented.

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.

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:

All staff have been reminded of the correct procedure for transcribing medicines and have been shown the relevant section in the policy.

The medicine prescription charts showing a transcription error have been reviewed and rewritten

The medicines audit tool has been amended to include a KPI on transcribing enabling us capture the practice around transcribing medicines

Any corrective actions will be used to improve practice on a continuing basis

Proposed Timescale: 22/07/2015

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:

The documented learning from medication incidents/adverse effects was not always holistic.

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 introduction of eMARS was central to reducing medication errors found on the paper MARS. It has aided with the identification of missed recordings of medicines after each medicine round because it electronically gathers the data and highlights in red when medicines are not recorded. This information is used to raise questions about these omissions. It also provides a broad range of reports about practice which are utilised to implement improvements in the management of medicines.

The data gathered from medicine errors will be collated into groups of similar corrective actions instead of resident based reviews and will form an action plan which can be followed through with nurses pharmacy and doctors. This will be directed at seeking improvements in the practice of recording prescribing and dispensing medicines. This will be carried out at the next Quality Meeting

Proposed Timescale: 01/09/2015

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 maximum dose for some 'as required' medicines was not specified by the prescriber and had not been clarified by nursing staff.

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:

- A KPI on maximum dose for as required medicines has been added to the audit tool
- The results of the prescribing audit will be given to GPs, nurses and pharmacy.
- Corrective actions will be identified and monitored and reviewed at the Quality meeting
- A reminder will be given to all GPs regarding their practices specifically the areas of maximum dose and review as required medicines
- The policy has been amended to include duration of medicine prescribed, the crushing of medicines, the maximum dose and review date of as required medicine.
- Nurses have been instructed to contact the GP when medicines are incorrectly prescribed and to complete a medication error report.
- Nurses have been reminded to have a care plan in place on the medicine requirement of their residents which includes specific care instructions on as required medicines
- A review of the medicines policy which incorporates the use of the eMAR is currently underway

Proposed Timescale: 14/09/2015

Theme:

Safe care and support

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

Each individual prescription did not contain an authorisation from the prescriber to crush medications.

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:

A reminder will be given to all GPs regarding their practices specifically the areas

written instructions for crushing of medicines

The policy has been amended to include the crushing of medicines.

A KPI on crushed medicines has been added to the audit tool.

The results of the prescribing audit will be given to GPs, nurses and pharmacy.

Nurses have been reminded of the requirement that where they identify a resident requires crushed medicines, this must be prescribed by a doctor.

Proposed Timescale: 22/07/2015

Theme:

Safe care and support

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

Prescription and administration records were not always accurate and did not always correspond

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:

Nurses are also reminded that when a medicine is prescribed in a certain form this must be given and if a different form is required this warrants a new prescription or a change of MARs sheet.

Proposed Timescale: 22/07/2015