<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilrush Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000452</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilimer Road, Kilrush, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 906 2686</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:managerkilrush@mowlamhealthcare.com">managerkilrush@mowlamhealthcare.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>Mowlam Healthcare Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</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>44</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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.
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: 12 November 2015 09:35  
To: 12 November 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 01: Medication Management</td>
<td>Non Compliant - Major</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

The inspection was an unannounced inspection to monitor compliance in relation to management of medicines as part of a programme of 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.

The person in charge was absent from the centre on the day of the inspection. The inspector found that, on arrival, there were inadequate arrangements in place for the management of the centre as there was only one registered nurse on duty. During the course of the inspection, the clinical nurse manager did attend the centre.

A notification had been submitted to the Chief Inspector relating to the appointment of an additional person participating in management and the inspector spoke with her during the inspection.

The inspector observed that medicines administration practices were person-centered. Medicines management audits took place on a regular basis. Staff were facilitated to complete medicines management training. Safe and robust procedures were in place for the disposal of medicines.

The medication management outcome was found to be at the level of major non-compliance and unsafe medicines management practices were observed. A number of residents had not received their medicines as prescribed. Documentation was noted to be incomplete. Documentation did not support that 'as required'
psychotropic medicines were administered in line with guidance issued by the Department of Health. These findings are discussed throughout the report and in the action plan at the end of the report.
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 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector formed the view that suitable arrangements were not in place for the management of the designated centre in the absence of the person in charge. On the day of inspection, the person in charge was absent from the centre. The nursing staff complement comprised a registered nurse and a pre-registration nurse. The designated nurse in charge of the centre did not demonstrate adequate knowledge of the residents and their needs on the day of the inspection. During the course of the inspection, the clinical nurse manager did attend the centre.

As previously outlined, a notification had been submitted to the Chief Inspector relating to the appointment of an additional person participating in management (clinical nurse manager) and the inspector spoke with her during the inspection.

The new clinical nurse manager had been appointed in October 2015. She was a registered general nurse and had worked in the centre since 2009 as a senior nurse. She was undertaking a management course. She demonstrated good, sound clinical knowledge and was committed to providing person-centred care. The clinical nurse manager was identified as the person to act as the person in charge in his absence and she had a good understanding of her responsibilities when deputising for the person in charge.

Judgment:
Non Compliant - Major

Outcome 01: Medication Management

Theme:
Safe Care and Support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre-specific policies on medication management were made available to the inspector and had been reviewed in the past three years. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. It was noted that policies were not always implemented whereby the signature of nurse supervising the practice of the pre-registration nurse was not present on the medication administration record where appropriate.

Medicines for residents were supplied by a community pharmacy. Records examined confirmed that the pharmacist was facilitated to meet his/her obligations as per guidance issued by the Pharmaceutical Society of Ireland.

Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. However, there was evidence that a prescribed nutritional supplement was out of stock in the centre for a period of five days and five doses were missed even though the pharmacy provided a delivery service on a daily basis.

Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator and storage areas was noted to be within an acceptable range; the temperature was monitored and recorded daily.

Robust measures were in place for the handling and storage of controlled drugs that were accordance with current guidelines and legislation. However, the dispensing label for a medicine stored in the controlled drug cupboard was no longer legible and staff were unable to confirm the name of the medicine or the resident to whom it was dispensed, in line with the Misuse of Drugs Regulations.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. Medication administration was observed and the inspector found that the nursing staff adopted a person-centred approach. However, the inspector noted that the medication trolley was not secured at all times. Medicines were recorded as administered in the medication administration record prior to administration to residents, which is not in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais.

Compliance aids were used by nursing staff to administer medicines. Complete resources were available to allow nursing staff to confirm prescribed medicines in the
compliance aid with identifiable drug information.

A sample of medication prescription records was reviewed. The practice of transcription was not in line with the centre-specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. Transcribed prescriptions were not always signed by a second nurse who independently checked the prescriptions and co-signed by the prescriber within 72 hours. It was noted that medicines were administered from a transcribed record that had not been co-signed by the prescriber.

It was not always clear that medicines were administered as prescribed in accordance with a complete prescription:
• where medicines were administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart
• the maximum dose for some 'as required' medicines was not specified by the and there was no record that this had not been clarified with the prescriber by nursing staff prior to administration
• a number of prescription records examined did not contain the date of prescription for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations
• the route of administration was not present for some prescriptions reviewed and there was no record that this had not been clarified with the prescriber by nursing staff prior to administration
• a medicine prescribed for a duration of 14 days was administered on the 15th day
• the time on the administration record did not correspond with the time prescribed.

The inspector reviewed a sample of medication administration records. Medication administration sheets identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medications. Based on a sample of 18 medication administration records reviewed, gaps were noted in the medication administration records where the record was left blank with no reason documented in 66.67% of these records.

Nursing 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 used to record this and maintained a verifiable audit trail.

There was a system in place for the reviewing and monitoring of safe medicines management practices. Regular audits were completed which examined a number of areas related to medicines management including ordering, receipt, storage, disposal, management of oxygen and administration. Pertinent deficiencies were identified but it was not clear if preventative actions and learning from reviews had been implemented.

Training records confirmed that training in medicines management had been facilitated for nursing staff in 2015.

There was a low incidence of restrictive practices in the centre including chemical restraint. The inspector reviewed a sample of care plans for residents who were
prescribed 'as required' psychotropic medicines for the management of challenging behaviour. Evidence based tools were used to record the antecedent, behaviour and consequence (ABC) of each incident. However, the inspector noted that clear processes were not always in place to ensure that chemical restraint was administered in accordance with national policy. An individualised care plan was not in place for each resident to guide staff in the provision of behavioural support. Where chemical restraint was used, nursing notes did not outline sufficient detail in relation to an episode where a PRN psychotropic medication was administered. Alternative strategies trialled were not outlined. Therefore, it was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive in this case, if alternative strategies had been ineffective and the use of restraint had been reviewed after use.

It was noted that care plans had not always been developed in line with residents' assessed needs. For example, where a resident had epilepsy, a care plan was not available to guide staff and protocols were not in place for the individualised management of seizures including the administration of 'rescue' medicine.

Judgment:
Non Compliant - Major

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

Centre name: Kilrush Nursing Home
Centre ID: OSV-0000452
Date of inspection: 12/11/2015
Date of response: 08/01/2016

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 06: Absence of the Person in charge

Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector formed the view that suitable arrangements were not in place for the management of the designated centre in the absence of the person in charge.

1. Action Required:
Under Regulation 33(2)(a) you are required to: Give notice in writing to the Chief Inspector of the arrangements which have been or were made for the running of the

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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:
The PIC was not present in the home on the day of the inspection as he was on a rostered day off. As a rule, every effort is made to ensure that the PIC is in the centre on a daily basis, and the CNM usually deputises when the PIC is on a day off. On this occasion the CNM had worked the weekend, but was contactable and available to come into the home at the time of the inspection. It is not usual that the PIC and CNM are rostered off on the same weekday, and this has only occurred very occasionally when either of them has covered the weekend. The CNM or a designated staff nurse is in charge in the home at any time that the PIC is not on duty. The PIC has reviewed the arrangements for covering periods when he is not present in the centre. The CNM or a suitable nurse will be designated nurse to be in charge of the centre. The PIC will ensure that any such designated nurses have adequate knowledge of all residents’ identified care needs.

Proposed Timescale: 21/12/2015

Outcome 01: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medicines management policies were not always implemented whereby the signature of nurse supervising the practice of the pre-registration nurse was not present on the medication administration record where appropriate.

2. 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:
All medication administration records that were missing the signature of the nurse supervising the practice of the pre-registered nurse have been rectified. The Policies and Procedures relating to Medication Management have been brought to the attention of all nursing staff and full compliance emphasised. The PIC and CNM will monitor ongoing compliance with the policies and procedures and a medicines management audit will be undertaken in the home on a regular basis. The Pharmacist will also validate all audits and conduct independent audits of all aspect of medicines management on a quarterly basis.

Proposed Timescale: 21/12/2015

Theme: Safe Care and Support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was evidence that a prescribed nutritional supplement was out of stock in the centre for a period of five days and five doses were missed

3. Action Required:
Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

Please state the actions you have taken or are planning to take:
The omission of the prescribed nutritional supplement for 5 days has been documented as a medication incident. This will be reviewed as part of the governance agenda in the centre. The learning outcome from this incident includes raising awareness among staff regarding the timely ordering and supply of prescribed medicinal products and improved liaison with the pharmacy supplier.
All treatment recommended by a medical practitioner will be made available to the residents as required.
The PIC and CNM will ensure that they liaise effectively with the prescribing GP regarding the timely completion of prescriptions and return to the pharmacy.
There is an action plan in place to alert the CNM or PIC of difficulties encountered in obtaining prescribed medications/supplements in a timely manner.

Proposed Timescale: 21/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medicines management practices were not in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais:
• medicines were recorded as administered in the medication administration record prior to administration to residents
• transcribed prescriptions were not always signed by a second nurse who independently checked the prescriptions and co-signed by the prescriber within 72 hours.

4. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
• The issue identified has been addressed with the nurse who signed for the administration prior to giving the medicine.
• A medication competency assessment has been successfully completed by the staff nurse.
• An action plan has been developed to ensure that all nurses are compliant with the administration and signature procedures in accordance with the centre’s policy and NMBI guidelines.
• An audit of all prescriptions has been undertaken and all transcribed medicines have been signed by two nurses in accordance with the centre’s policy on transcription.
• All transcribed medicines have been signed by the GP and future transcribed prescriptions will be signed by the GP within 72 hours, in accordance with the centre’s policy on transcribed prescriptions.
• The Policy on transcribing has been issued to all nurses and full compliance emphasised, including the requirement for 2 nurses to co-sign the transcribed medication and for the GP to sign off the transcribed prescription within 72 hours, in accordance with the centre’s policy on nurse transcribing.

**Proposed Timescale:** 21/12/2015

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Based on a sample of 18 medication administration records reviewed, gaps were noted in the medication administration records where the record was left blank with no reason documented in 66.67% of these records.

**5. 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:**
An audit of all medication administration records has been undertaken. All nurses have been made aware of their requirement to sign for any medicines administered immediately after they have administered them. Compliance with this requirement will be monitored by the PIC and CNM. All records are available for inspection at all times by the Regulatory Authority.

**Proposed Timescale:** 21/12/2015

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence of learning from the review of safe medicines management practices.
6. 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 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:
An annual review of quality and safety of care delivered to residents in the designated centre was undertaken in March 2015. This included a review of audits, risk management, health & safety, quality improvements and feedback from residents. The next annual review is due to be held in March 2016; this will include a review of safe medicines management practices.

Proposed Timescale: 31/03/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not always clear that medicines were administered as prescribed in accordance with a complete prescription:
• where medicines were administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart
• the maximum dose for some 'as required' medicines was not specified by the and there was no record that this had not been clarified with the prescriber by nursing staff prior to administration
• a number of prescription records examined did not contain the date of prescription for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations
• the route of administration was not present for some prescriptions reviewed and there was no record that this had not been clarified with the prescriber by nursing staff prior to administration
• a medicine prescribed for a duration of 14 days was administered on the 15th day
• the time on the administration record did not correspond with the time prescribed.

7. 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:
An audit of medicines management was undertaken in the centre. In accordance with the findings at the time of inspection, the following actions have been taken:
• All medicines for crushing have been reviewed and signed off by the relevant GP.
• All medicines in the 'PRN' section of the prescription chart have had a maximum dose
specified and signed off by the relevant GP
• All medicines have been dated as appropriate and in accordance with Medicinal Products Regulations
• All medicines have a route of administration recorded on the prescription chart
• All medicines are discontinued in accordance with the prescription
• All medicines are given as close as possible to the time prescribed.
• All medication incidents are reported, documented, investigated and addressed appropriately, including learning outcomes where required.

**Proposed Timescale:** 21/12/2015

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The dispensing label for a medicine stored in the controlled drug cupboard was no longer legible and staff were unable to confirm the name of the medicine or the resident to whom it was dispensed, in line with the Misuse of Drugs Regulations.

**8. 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:
All medicines are now stored securely. The medicine referred to at the time of inspection has been discarded in accordance with the centre’s policy on disposing of unused medicinal products. All medicines contain legible labels, including the name of the resident to whom the medicines were dispensed.

**Proposed Timescale:** 21/12/2015

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The medication trolley was not secured at all times.

**9. 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 medicines are now stored securely and this includes the medicines trolley.
Proposed Timescale: 21/12/2015