

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Santa Sabina House
<b>Centre ID:</b>	OSV-0000159
<b>Centre address:</b>	Navan Road, Cabra, Dublin 7.
<b>Telephone number:</b>	01 868 2666
<b>Email address:</b>	deepa.baby@santasabinahouse.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dominican Sisters
<b>Provider Nominee:</b>	Maighread Ni Ghallchobhair
<b>Lead inspector:</b>	Jim Kee
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	3

## **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 January 2016 10:00 To: 28 January 2016 15:10

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

Outcome	Our Judgment
Outcome 01: Medication Management	Non Compliant - Moderate

**Summary of findings from this inspection**

This was an unannounced inspection of the centre to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in relation to medicines management.

As part of the single outcome inspection, the inspector met with the person in charge, provider nominee, 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, staff training records, care plans and other relevant documents.

The outcome on medication management had been found to be in major non-compliance with the regulations during the inspection in the centre on 21/10/2015. The inspector found that significant improvements had been made in medication management practices, and that the necessary actions had been taken to address the non compliances identified during the previous inspection.

Staff demonstrated knowledge and awareness of safe and appropriate medication administration practices. Medication management audits were being conducted in the centre, with quality improvement action plans to ensure all identified issues and deficiencies were addressed.

Overall medication management practices were found to be of an appropriate standard, although improvement was required to address issues identified by the inspector including certain aspects of documentation relating to the prescribing and administration of medicines, records maintained of pharmacist interventions and the system to ensure all medicines were stored correctly at all times. The outcome on medication management was found to be in moderate non-compliance with the regulations.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the regulations and the Authority's standards.

**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 01: Medication Management***

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. The centre had made significant improvements in medication management practices since the last inspection. The inspector found that certain aspects of medication management practice required further improvement including certain aspects of documentation relating to the prescribing and administration of medicines, and records maintained of pharmacist interventions related to medication. The inspector also found that one medicine was not being stored correctly.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. The centre had reviewed the system for storing medicines in the centre and had implemented changes including storing more of the medicines in medicine trolleys to facilitate easier access for nurses during the medication rounds. All medicines were stored securely within the centre on medication trolleys or securely within a locked clinical room. There was a fridge available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift. The inspector observed that dates of opening were marked on the majority of medicines including prescribed eye drops, liquid medicines and insulin pen devices. However the inspector observed that one type of transdermal patch was not being stored correctly within the medication trolley. The transdermal patches were being stored in an open pouch that was not sealed properly, and the date of opening had not been marked on this open pouch of patches to ensure that the 14 day expiry could be correctly observed. The summary of product characteristics for this medicine clearly states the necessary storage requirements and the reduced shelf life of the patches once the storage pouch is first opened.

The inspector observed the nurse administering medicines to residents as part of the medication round after lunchtime in the centre. The inspector reviewed the processes in place for administration of medicines, and were satisfied that nurses were

knowledgeable regarding residents' individual medication requirements and followed professional guidelines. Nursing staff were observed to safely administer medicines and in a person centred manner. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspectors reviewed a number of the prescription and administration sheets and identified issues that did not conform with appropriate medication management practice:

- The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
- The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.
- One resident's medicine administration record sheet contained blank spaces with no documented explanation as to why the medicine had not been administered as prescribed. The inspector was informed that the injection in question was sent to the hospital with the resident and administered in the hospital.
- administration records for one of a resident's prescribed medicines were not correct in that the records indicated that a medicine prescribed for alternate days had been administered on a daily basis. The monitored dosage system in place had the correct alternate day dose dispensed in each pouch to ensure the resident received the correct dose.

The prescription sheets reviewed all had clear indications documented for PRN (as required) medicines prescribed for residents. There were specific documents maintained in the centre to ensure transdermal patches and medicines such as warfarin were appropriately and safely administered. The prescription sheet clearly indicated individual medicines that were authorised for crushing by the prescriber.

The medication management policy included procedures for managing PRN (as required) medicines. The inspector reviewed a sample of care plans in place for end of life, pain management and positive behaviour support. The care plans reviewed contained up to date information on the medicines prescribed as part of the overall management of the relevant conditions. The positive behaviour support plan contained guidance for staff on the administration of PRN medicines to ensure consistent practice by all nursing staff.

At the time of the inspection none of the residents in the centre were self administering medicines. The centre had procedures including self administration assessments in place to facilitate residents to manage their own medication if appropriate.

The person in charge reported that the pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications and medication audits. However the centre did not have recent records of where the pharmacist had made any medication related interventions in respect of residents or of the findings of any audits conducted to ensure any issues or deficiencies could be addressed.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits. The medication audits made available to the inspector reviewed the ordering, receipt and storage of medicines in the centre and also included information on the disposal of medicines, staff knowledge and training and included review of the prescription and administration sheets. The audits included a quality improvement action plan to ensure all identified issues and deficiencies were addressed.

Medication incidents including medication errors and 'near miss' medication related incidents were recorded and reviewed within the centre.

Staff training records reviewed by the inspector indicated that nursing staff had completed online medication management training within the last 12 months. Records of medication competency assessments were available for nursing staff. The competency assessments involved supervised medication rounds and an assessment of the nurse's knowledge of medication management practices. Records were available to confirm that nursing staff had up to date registration with their professional body.

**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:***

Jim Kee  
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>

<b>Centre name:</b>	Santa Sabina House
<b>Centre ID:</b>	OSV-0000159
<b>Date of inspection:</b>	28/01/2016
<b>Date of response:</b>	01/03/2016

### 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 01: Medication Management

#### Theme:

Safe Care and Support

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

The medication management policy relating to the storage of medicines had not been fully implemented in that certain transdermal patches were not being stored according to the storage instructions.

#### 1. 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.

<sup>1</sup> 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 the nurses were informed about the areas of non-compliance after the inspection, and the importance of following storage instructions. We had planned a weekly kardex check after the inspection in October 2015, following the recent inspection, this is now extended to a full check on Medication Kardex and Trolleys weekly to improve the practice.

**Proposed Timescale:** 15/02/2016**Theme:**

Safe Care and Support

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

Records of medication administration were not being maintained in accordance with relevant professional guidelines as required under Schedule 3 of the regulations in that;

- One resident's medicine administration record sheet contained blank spaces with no documented explanation as to why the medicine had not been administered as prescribed.
- administration records for one of a resident's prescribed medicines were not correct in that the records indicated that a medicine prescribed for alternate days had been administered on a daily basis.

**2. 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:**

These errors in documentation occurred on 25th and 27th. Medication error reporting and follow up actions followed. Weekly checks of the Kardex and Medication trolleys will assist the team for early identification and prevention of medication errors.

Blank space on the MAR sheet was due to the medicine being administered in the hospital. During the discussion with the GP, this was discussed and the prescription now specify that the medicine being administered in the hospital.

**Proposed Timescale:** 15/02/2016**Theme:**

Safe Care and Support

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

- The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration

were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)  
-The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.

### **3. 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:**

Prescription requirement were communicated to the GP and Pharmacy. We are in the process of changing the Kardex format.

**Proposed Timescale:** 30/03/2016

#### **Theme:**

Safe Care and Support

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

The centre did not have recent records of where the pharmacist had made any medication related interventions in respect of residents or of the findings of any audits conducted by the pharmacist to ensure any issues or deficiencies could be addressed.

### **4. Action Required:**

Under Regulation 29(3) you are required to: Where a pharmacist provides a record of medication related interventions in respect of a resident, keep such record in a safe and accessible place in the designated centre concerned.

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

This has been discussed with the pharmacist. Since the recent inspection, pharmacist conducted a medication audit in 1st of February 2016 and medication usage review on 13th of February 2016. The result was send to the nursing home. We now have a separate folder for pharmacy audit reports and Medication usage reviews, which was implemented after the inspection.

**Proposed Timescale:** 29/02/2016

#### **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 was not marked on transdermal patches that had a reduced expiry date once opened.

**5. 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:**

Centre is very vigilant in marking the date of opening on all medicinal products used in the centre. This was the only item, which didn't have a date of opening. As we are aware of the importance of having a date opening on all items in use, this was discussed with the nursing team. Our weekly schedule for Trolley checks is helping us to observe the practice closely.

**Proposed Timescale:** 15/02/2016