<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Anthony's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000428</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilduff Castle, Pallasgreen, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 384 104</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@stanthonysnursinghome.ie">info@stanthonysnursinghome.ie</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>Killduff Care Co. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sean Fennessy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Jim Kee; John Greaney</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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 her/his 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 2 day(s).

The inspection took place over the following dates and times
From: 18 May 2016 10:00
To: 18 May 2016 18:00
19 May 2016 09:50
To: 19 May 2016 18:00

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 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

On the day of inspection there were 57 residents in the centre and three vacancies. The provider nominee also fulfilled the role of person in charge and was in attendance throughout the inspection. The purpose of the inspection was to monitor compliance with the regulations and to follow up on the actions planned from the previous inspection findings. The inspection was unannounced and took place over two days with two inspectors attending each day. Documentation was reviewed by the inspectors on-site and included staff rosters and training records, residents' care plans, meeting minutes and policies and related protocols. During the inspection the inspectors met and spoke with residents, relatives and staff.

The centre had previously been inspected on 19 August 2015 and a copy of that
report can be found at www.hiqa.ie. This inspection identified that a substantial amount of work had been undertaken to address the issues identified during that inspection and that an effective action plan had been put in place to address the issues of concern. The inspection also identified areas for continued improvement in relation to auditing, documentation, training and medicines management.
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 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Issues identified on the previous inspection included required improvements to systems for ensuring the service was consistent, safe and appropriate to the residents' needs. The provider was also the person in charge and had been responsive in addressing the issues identified. The services of a specialist consultancy firm had been retained to provide professional advice around quality improvement systems. Management systems had been implemented to monitor the provision of service with a view to ensuring safety and consistency. These measures included a clinical governance committee to oversee procedures around gathering and reviewing data that related to the quality of care being delivered; for example, audit processes around environmental health, infection control, hand hygiene and medications. However, as outlined in the related Outcome on medicines management, audits in relation to transcribed prescriptions were not being implemented. Issues in relation to supervision of staff had been appropriately addressed with the appointment of additional staff that included a clinical nurse manager, the extension of hours for an existing staff nurse and an additional member of housekeeping staff. A training programme had been developed to reflect the needs of residents that was in keeping with the statement of purpose.

Assessment systems in relation to the investigation of risk were in place. Effective systems of communication and accountability operated with regular, minuted staff meetings taking place. Inspectors saw minutes of these meetings with action points identified that were subsequently reviewed for follow-up. Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Evidence of consultation with residents was available and the services of an independent advocate were in place who undertook individual meetings with residents and a record of these meetings was maintained and available for reference. The provider and senior staff articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety
of the care provided. An annual review of the quality and safety of care had been undertaken and a related programme of actions was also in place.

**Judgment:**
Substantially Compliant

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**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

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Action from the previous inspection in relation to revising policies in keeping with statutory requirements and the effective maintenance of staff files had been completed.

Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider explained that staff were provided with memory sticks containing the relevant policies and procedures for individual access and ease of reference. Copies of the relevant standards and regulations were maintained on site.

A sample of records that were checked against Schedule 2, in respect of documentation to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

An electronic system of recording was in place. A sample of resident records that were checked were complete and contained information as detailed in Schedule 3, that included care plans, assessments, medical notes and nursing records. However, as outlined in the related Outcome on medicines management, there were omissions in documentation in relation to signatures and the recording of times for administered medicines. Also, as outlined in the related Outcome on safeguarding, records were maintained in relation to residents’ monies and transactions. However, procedures for recording these were inconsistent with both manual and electronic processes in place; this recording system required review to ensure appropriate accountability.
The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

**Judgment:**
Substantially Compliant

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

**Findings:**
Actions around assessments for the use and recording of restraint as found on the previous inspection had been addressed. An effective training programme around managing responsive behaviours was also in place and policies in relation to safeguarding had been revised to reflect current national policy and guidelines.

A training programme that was in keeping with the statement of purpose was in place and staff had been trained in safeguarding and protection in April and May of this year. Staff members spoken with by inspectors demonstrated an understanding of how to recognise different types of abuse and the how to record and report events in such circumstances. There was no record of instances of abuse or any allegations having been reported.

There was a policy and procedure on the management of residents' accounts and personal property dated 8 January 2016. Systems in place to safeguard residents’ money included the recording of transactions with receipts and entries witnessed by a second signatory. An administrator demonstrated the procedures and safeguards in place and a sample of transactions were reviewed. The records reviewed reconciled however the system for recording was inconsistent with both manual and electronic recording processes in place; this recording system required review to ensure appropriate accountability. Action in this regard is recorded against Outcome 5 on
A current policy and procedure was in place in relation to managing responsive behaviours. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage the behaviours and psychological symptoms of dementia. A sample of records for residents who presented with such behaviours were reviewed and relevant plans of care were seen to be in place. The restraint policy, dated September 2015, promoted a restraint free environment. Care plans reviewed by the inspectors, where bedrails were in use, contained documented assessments and consent forms signed by residents or a family member. Nursing notes reflected regular monitoring and review of restraints in accordance with standard requirements. The inspectors reviewed a sample of care plans in place for mood and behaviour that included reference to the administration of psychotropic medicines on a PRN (as required) basis. The care plans reviewed contained sufficient information to ensure the administration of these medicines was part of an overall management strategy that included the use of less restrictive non-pharmacological interventions.

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

Findings:
Findings from the previous inspection in this area had been effectively addressed with action taken on documentation and policies including a revised safety statement dated November 2015 and a revised policy on falls prevention dated 8 January 2016. Improvements had been made in relation to infection control procedures including the appointment of an additional staff member to the housekeeping roster. Actions taken in relation to fire precautions included an increase in staffing levels with ten individual staff trained as fire wardens and one assigned to duty on each shift. An effective risk register was now in place and maintained. At the time of inspection there were three residents who smoked and the person in charge demonstrated that relevant risk assessments had been carried out and care plans were in place that provided directions around safeguarding measures including the use of protective aprons for example. Areas for improvement previously identified around assessments of falls and moving and handling had also been addressed with audits in place to review falls on a six monthly basis.

Policies and procedures relating to health and safety were site-specific and up-to-date. The risk management policy had been revised to cover the required areas in relation to
unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. An emergency plan was in place with appropriate evacuation plans and signage on display throughout the centre.

A fire safety register was maintained which demonstrated that daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required including the smoking area which was also equipped with a fire blanket. Emergency exits were clearly marked and unobstructed.

The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. A programme of infection control training was in place and delivered by the person in charge. Sluice rooms were appropriately equipped and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

Judgment:
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):
Some action(s) required from the previous inspection were not 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 with actions addressed in relation to the securing of medicines including controlled drugs, the availability of prescription records, administration practices and the recording of opened medicines. However, improvements were still required in relation to the practice of transcribing and the appropriate authorisation for crushing medicines.
Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. There was a system in place to ensure all medicines supplied by the pharmacy were appropriately checked. All medicines, including controlled drugs, were stored securely and appropriately. Where medicines were refrigerated temperatures were being recorded and monitored. Dates of opening were recorded on medicines when required, including prescribed eye drops and insulin pen devices. Medication incidents including medication errors were appropriately recorded and reviewed. There were procedures in place for the handling and disposal of unused and out-of-date medicines and also a system of double-checking for high-alert medicines. 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.

Nursing staff were observed administering medicines to residents as part of the routine round in the morning and at lunchtime. Administering staff demonstrated an effective knowledge of residents’ individual medication requirements and appropriately followed professional guidelines. Nursing staff were observed to administer medicines safely and in a person-centred manner. The inspector noted that, in some cases, the maximum doses were not always stated on the prescription sheet for PRN (as required) medicines. Also, where residents had been prescribed more than one psychotropic medicine on a PRN (as required) basis for the same indication, the prescription did not always direct which medicine was to be administered first, or any required time interval between administrations of the medicine. A number of residents required their medicines to be crushed prior to administration. However, in one instance there was no appropriately signed instruction to specify that crushing was authorised for each individual medicine on the prescription sheet.

The inspector reviewed a number of prescription and administration sheets. Where prescription records were transcribed by nursing staff these had been appropriately signed and counter-signed as checked by a nurse, before being signed by the prescriber. However, the section of the prescription sheet reserved for short term medicines contained written instructions for medicines where, in a number of instances, it had not been signed by two nurses as being a transcribed prescription, or signed by the prescriber; it was therefore unclear who had written the information on to the prescription sheet. Also, the pre-printed time on documents for the recording of administration for medicine at night was 10pm, which in some instances did not reflect the prescribed time for administration of 9pm. Actions in this regard are recorded against Outcome 5 on Documentation.

There were systems in place within the centre for reviewing and monitoring medicines management practices, including medication management audits. However, these audits did not include a review of transcribing practice; action in this regard is recorded against Outcome 2 on Governance.

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

**Findings:**
Action in relation to the recording and returning of notifications had been addressed. A record of incidents was maintained at the centre and notifications were being appropriately returned to HIQA in keeping with statutory requirements. Quarterly returns were also submitted in keeping with specified timeframes and requirements.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/ her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
Issues identified on the previous inspection in relation to assessments and care planning had been addressed and suitable arrangements were in place to meet the health and nursing needs of residents. Comprehensive assessments were carried out on admission by an appropriately qualified person and care plans were developed in line with residents' changing needs. Care plans were maintained electronically and a number were reviewed on the system which were found to be person-centred and maintained in keeping with regulatory requirements. Care plans that were reviewed contained the necessary information to guide staff in their care of residents and were updated routinely on a four monthly basis, or in keeping with the changing needs of the resident. Daily narrative notes were maintained. The care planning process involved the use of validated tools to assess residents’ needs including their nutritional status, level of cognitive impairment, skin integrity and risk of falls for example. Pain management
plans were in place where necessary. Care plans that were reviewed also documented records of consultation with families. Feedback from the relatives of residents confirmed that communication with staff and management was effective and that they were kept informed of their relative’s care and were involved in the care planning process, including end of life care plans which reflected the wishes of residents. Relatives spoken with at the time of inspection spoke positively of the quality and standard of care their relative received in this regard.

Effective systems of communication were in place to ensure staff were made aware of the needs, or changing needs, of residents including daily handover meetings. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was maintained. Measures to encourage the prevention of ill health were in place with nominated staff allocated to individual residents on a daily basis. Standard observations such as blood pressure, pulse and weight were routinely recorded on a monthly basis and more frequently if a resident's needs changed. Residents had access to allied healthcare professional services such as dietetics, speech and language therapy, physiotherapy and occupational therapy. Residents also had the option of retaining the services of their own general practitioner (GP) on admission.

Care plans of residents with mobility issues that were reviewed contained relevant assessments in relation to risk of falling and manual handling charts were also in place. Referrals for assessment in relation to physiotherapy or occupational therapy were arranged as required. Where restraints such as bedrails were in place, records indicated that appropriate assessments had been undertaken and related consent forms had been completed and scanned on to the system.

Inspectors observed that staff were familiar with their residents’ preferences and needs and that the centre provided access to activities that were meaningful and appropriate. Activities and recreation were supported by staff and the centre had its own transport facility to support outings and access to events and community activities. Visitors were seen to be in regular attendance at the centre on the days of inspection.

**Judgment:**
Compliant

### Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

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

**Findings:**
There was a complaints policy in place, dated 14 December 2015, that was site-specific and reflected the requirements of the regulations. The process for making a complaint was accessible and related information was summarised in the statement of purpose, the residents' information guide and was also clearly on display at the entrance to the centre for reference by those attending the centre. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer. It also outlined the internal appeals process and nominated the individual with oversight of the complaints process. Contact information for both the independent advocate and the office of the Ombudsman was also provided.

The inspectors reviewed the complaint records on file and noted that records were maintained about each complaint with details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. The person in charge explained the procedures for receiving and acting on a complaint, including advice provided to complainants on related procedures. In instances where complainants were not satisfied with the outcome details of the relevant appeals process were provided. Inspectors were satisfied that the system for dealing with complaints was in keeping with statutory requirements and effectively implemented.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

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.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Issues that had been identified on the previous inspection had been appropriately addressed with the appointment of additional staff including a clinical nurse manager and the extension of hours for an existing staff nurse. An additional member of staff had also been appointed to the housekeeping roster. A training programme had been developed that was in keeping with the needs of the statement of purpose and resident profile.
Inspectors reviewed the planned and actual staff rota and were satisfied that the staff numbers and skill mix could meet the needs of the residents having consideration for the size and layout of the centre. Staffing levels were further supported by the on-call availability of the person in charge. The system of supervision was directed through the person in charge and staff competencies were also assessed through performance management systems such as staff appraisals. Based on a review of training records, observation of practice and discussions with staff, inspectors were satisfied that staff were competent to deliver care and support to residents. Staff spoken with were aware of their statutory duties in relation to the general welfare and protection of residents. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times. Supervision was also implemented through monitoring and control protocols around areas such as medications and controlled drugs.

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records as per Schedule 2 of the regulations. No volunteers were engaged at the centre at the time of inspection.

The provider confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and fire procedures and prevention. However, current training was overdue for some staff in relation to manual handling. A programme of training to support professional development and clinical good practice was also in place that included the management of medicines, wound care, dysphagia and infection control. Copies of the standards and regulations were readily available and accessible by staff.

Judgment:
Substantially Compliant

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:
Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Audits in relation to transcribed prescriptions were not being implemented.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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:
A new transcribing audit tool has been developed and auditing of all transcribed prescriptions has commenced. Compliance rate of 93% is registered to date. A comprehensive audit of all residents’ transcribed prescriptions will be completed by 08th July 2016. Thereafter, a sample of 10 transcribed prescriptions will be audited every two months and action plans developed to address any compliance issues that may arise from the findings of these audits.
In keeping with our medication management policy and procedures, two registered nurses will continue to check and sign all transcribed medication prescription sheets including as required/short term use medicines. The importance of two nurses signing for all transcribed medicines has been discussed at June staff nurse meeting.

Proposed Timescale: 08/07/2016

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:
In some instances practice was not always in keeping with Schedule 3, para 4(d) as there were omissions in documentation in relation to signatures and the recording of times for administered medicines.

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:
All medication administration recording sheets will be reviewed and updated, as required, to ensure the time states 9pm on the medication administration recording sheet in keeping with the prescribed time for administration. When a resident requests medication at a later time the Administration Recording Sheet will be amended manually and initialled to reflect this preference as per the Drug Administration Chart. Audits of prescription records and medication administration recording sheets will continue to take place and any omissions in documentation in relation to signatures will be addressed in action plans.

Proposed Timescale: 22/07/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Procedures for recording residents' monies were inconsistent with both manual and electronic processes in place; this recording system required review to ensure appropriate accountability in keeping with requirements as per Schedule 3, para. 5(b)(i) & (ii).

3. 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:
During the inspection, we had commenced the process of changing from manual recording of resident's monies to electronic records. Having reviewed both manual and electronic records, the electronic records of resident’s monies were found to be accurate and contemporaneous. All manual recording of resident’s monies has now stopped and electronic records are being maintained.

Proposed Timescale: 24/06/2016

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:
Transcribed medicines were not always signed off by two nurses and the prescriber, and authorisation to crush medicines was not consistently documented.

4. 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:
As outlines above, audits of transcribed prescription kardex’s will continue to take place on a scheduled basis and any omissions in documentation in relation to signatures will be addressed in action plans.
The importance of two nurses signing for all transcribed medicines has been verbally reinforced with nurses.
A robust system for the receipt and recording of verbal orders is in place which includes the use of the SBAR tool, a second nurse confirming the verbal order and signing to that effect and a copy of the original prescription being faxed to the nursing home by the prescriber to reconcile the verbal order against. Fax and verbal communication also with Pharmacy by transcribing nurse.
A review of all residents that require medicines to be crushed has been undertaken and
all prescription kardex’s are reviewed and updated as required to ensure this is documented for each individual medicine and signed by the residents prescriber. Nurses will continue to adhere to our medication management policy and procedures on the crushing of medicines. Auditing of prescription kardex’s on a scheduled basis will continue to take place and any compliance issues relating to the recording of crushing instructions will be addressed in action plans.

Proposed Timescale: 29/07/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In some instances psychotropic medicine on a PRN (as required) basis was prescribed without indicating the sequence of, or interval for, administration and maximum doses were not always stated for PRN (as required) medicines.

5. 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:
We will seek further clarification from prescribers, that is, Old Age Psychiatry or resident’s general practitioner regarding the indication for use of medicines where a resident is prescribed more than one psychotropic medicine on a as required / PRN basis to ensure nurses have sufficient direction as to which medicine is to be administered first. Additionally, we will liaise with prescribers to ensure the circumstances when PRN medicines are to be used, initial dosage, the timing of respective doses and maximum dosage in a 24-hour period is documented on the prescription record to guide nursing staff in the correct administration of as required / prn medicines.

Proposed Timescale: 29/07/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Current training was overdue for some staff in relation to manual handling.

6. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All staff have completed training in manual handing as is scheduled for every June in keeping with our annual training plan and our training matrix has been updated to reflect this.

**Proposed Timescale:** 24/06/2016