Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Centre address:	St. Mary's Crescent, Westport, Mayo.
Telephone number:	098 255 92
Email address:	michael.fahey@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Fahey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

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 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:	To:
26 November 2014 10:00	26 November 2014 15:10

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance in relation to management of medications and was triggered by a concern received by the Authority in relation to the use of medication administration. These concerns were looked into throughout the inspection and the inspector's findings are outlined in the body of the report. 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.

Handling and storage of medications, including controlled drugs, was safe and in accordance with current guidelines and legislation. A comprehensive medication management policy was in place. Staff demonstrated knowledge of safe and appropriate medication management practices. The principles of good practice in relation to medication reconciliation were implemented.

The inspector identified inconsistent practice in relation to medication administration. A number of staff with whom the inspector spoke outlined that nursing staff may oversee care staff administering medication. This practice did not adhere to the centre-specific medication management policy and measures had not been implemented to control potential risks.

A number of improvements were required to comply with the requirements of 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 relating to medication management. The following is a summary of the required improvements:

• Medication administration practices

- documentation in medication administration records
- clarification of incomplete prescription medication orders.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Only the component in relation to medication management was considered as part of this inspection. The centre-specific policy stated that nurses are to administer medication. However, some staff with whom the inspector spoke outlined that nurses may oversee situations where carers administer medication. The inspector was not satisfied that this practice adhered to the centre-specific policy and measures were not in place to control for potential risks.

The inspector observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The centre-specific policy on medication management, which had been reviewed in June 2013, was made available to the inspector. The policy was comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. However, the inspector saw that medication administration practices did not adhere to the centre-specific policy resulting in potentially unsafe medication management practices; this is covered in outcome 5.

Medications were supplied to resident by local community pharmacies on a rotational basis. Staff with whom the inspector spoke with stated that this system was satisfactory. The inspector observed that, for residents attending on respite, a comprehensive medication history was obtained on admission using a number of sources. Residents attending on respite may bring in their own medicines from home dispensed by their pharmacist of choice and nursing staff were seen to confirm the medication to be correct.

The inspector noted that medications were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. The inspector noted that staff respected residents' likes and dislikes in relation to medication administration as documented in their individual care plans. Staff reported and the inspector saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

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

The inspector saw that there was a system in place to identify, record, investigate and learn from medication errors. An incident form was available to report medication errors and near misses which included a section for the person in charge to outline measures implemented to mitigate a reoccurrence.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. The inspectors noted that the medication administration records were not consistently completed; this is covered in outcome 5.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. However, the inspector saw that there medication prescriptions in use which were not complete as per the Medicinal

Products (Prescription and Control of Supply) Regulations which did not outline the frequency and times that medications should be given. The maximum doses were not always stated for 'pro re nata' or PRN medications. There was no record that clarification had been sought from the prescriber to ensure the correct timing, frequency and duration of the prescribed medication order. The inspector observed that, on the day of inspection, prescriptions for a resident were not available to the staff administering medication in order to ensure that medications were administered in accordance with the directions of the prescriber.

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 community pharmacy for disposal.

Medication management was discussed at the regular staff meetings for nurses including documentation in medication administration records and pharmacy service.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Date of inspection:	26/11/2014
Date of response:	06/01/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's medication management policy was not always reflected in practice in relation to medication administration.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
The policy has been reviewed to reflect practice within the unit.

Proposed Timescale: 30/11/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication administration records were not always complete and accurate.

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:
It has been communicated to every nurse that if a medication has been omitted that the reason for this omission must be clear. This will be discussed again at the next nurses meeting.

Proposed Timescale: 30/11/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
On the day of inspection, prescriptions for a resident were not available to the staff administering medication in order to ensure that medications were administered in accordance with the directions of the prescriber.

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:
The resident in question was a respite admission. Every GP and pharmacist have been written to remind them of the need to have a copy of the medical prescription as well as the medication administration sheet. This has been communicated to every nurse and will be reiterated at the next nurses meeting.

Proposed Timescale: 30/11/2014

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no record that clarification had been sought from the prescriber to ensure the correct timing, frequency and duration of incomplete prescribed medication order.

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:
Every prescriber and pharmacist has been written to, to ensure the correct timing, frequency and duration of each medication is evident on the medication administration sheet.

Proposed Timescale: 30/11/2014