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:	Waterman's Lodge
Centre ID:	OSV-0000708
Centre address:	Ballina, Killaloe, Tipperary.
Telephone number:	061 374 888
Email address:	clavelle@alzheimer.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Alzheimer Society of Ireland
Provider Nominee:	Catriona Lavelle
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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, 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:	To:
13 November 2015 08:15	13 November 2015 14:00

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

Outcome	Our Judgment
Outcome 01: Medication Management	Non Compliant - Major
Outcome 04: Notification of Incidents	Non Compliant - Major

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance in relation to management of medications and followed up on a judgment of major non-compliance in this area during an inspection in April 2014. Not all of the actions required from the previously inspection had been satisfactorily implemented. As part of the single outcome inspection, the inspector met with the person in charge, provider nominee, residents and staff members. The inspector reviewed medication management practices and documentation such as prescription charts, medication administration records, training records, policies and procedures and records of residents' meetings. It was found during the inspection that a notification had not been submitted to the Chief Inspector relating to Regulation 31(1)(g) within three working days.

The centre provided short term, regular overnight respite care for people living with dementia. The centre's statement of purpose states that if medication is to be given at the centre, the resident's family must ask their doctor to complete the Alzheimer Society of Ireland medication prescription chart and bring the medications to the centre in their original packets/blister packs. There was a robust medication reconciliation system in place at the transitions of care. Nursing staff adopted a person centered approach to the administration of medicines. Medicines were stored securely.

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, original prescriptions were not sought in a timely fashion and medication errors were not reported. Documentation did not support that 'as

required' psychotropic medicines was 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. The action plan was not submitted in a timely fashion by the provider.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre-specific policy and associated procedures on medicines management were made available to the inspector and had been reviewed in August 2014. The policy was accessible, covered many aspects of medicines management and was evidence based. However, the policy did not outline the return of controlled drugs at the end of resident stay to resident/representative to ensure that the practices maintain a robust chain of custody in line with the Misuse of Drugs Regulations.

Residents brought their prescribed medicines with them at the beginning of their stay and there was a robust medication reconciliation procedure in place. Where necessary, medicines were supplied by a local community pharmacy and there was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

Medicines were stored securely in a locked cupboard or medication trolley. Nursing staff with whom the inspector spoke outlined that medicines requiring refrigeration and controlled drugs were not in use at the time of the inspection. Processes were in place to monitor the reliability of the refrigerator used to store medicines. Procedures were in place to store, record and manage these medicines in line with the relevant legislation

Compliance aids were used by nursing staff to administer medications to some residents. Resources were available to the nurse to confirm prescribed medication in the compliance aid with identifiable drug information. However, the resources were not complete and did not contain all medicines contained in compliance aids on the day of inspection.

The inspector observed medication administration practices and found that the nursing staff did adhere to many aspects of professional guidance issued by An Bord Altranais agus Cnáimhseachais. However, the inspector had to intervene to prevent a medication error whereby a resident could have received a lower dose of a medicine than prescribed. Nursing 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.

The inspector noted that medication prescription sheets were current and contained many of the required elements. However, photocopied/faxed prescriptions were used to administer medicines for eight residents on the day of inspection and an original prescription had not been sought in a timely fashion. In the case of one resident, the date of receipt on the faxed prescription was 23 July 2015.

There was no record that incomplete or unclear prescriptions had not been clarified by nursing staff prior to administration to ensure that medicines were administered as prescribed. The date of prescription being used to administer medicines was post-dated for January 2016 and, therefore, it was not clear that the medicines administered were a current or future prescription. Where a medicine was discontinued, the signature of the prescriber was not always present. The frequency of medicines was not always clear on prescriptions reviewed.

Medication administration sheets identified the medicine on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. However, the inspector noted a number of gaps in medication administration records where the record was left blank and it was not clear if the medicine had been administered or with-held. Where medicines were administered using a compliance aid, a record of 'blister pack' was made in the medication administration sheet with no additional detail to state the medicines administered. The signature of the nurse was not present at all times where medicines were administered.

Some residents required their medications to be crushed prior to administration and a closed system was used to safely crush medicines. However, each individual prescription did not contain an authorisation by the prescriber to crush the medicine prescribed.

There was a system in place for the reviewing and monitoring of safe medicines management practices. Audits were completed which examined a number of areas related to medicines management including ordering, receipt, storage, disposal, staff training and administration. The most recent audit in June 2015 had not identified any failings. However, based on the findings in this inspection, the inspector concluded that pertinent deficiencies were not identified.

The inspector noted that there was a system for the identification, reporting, investigation and learning from medication-related incidents. The specific incident form was made available to inspectors which recorded the nature of the incident, immediate actions taken and actions to prevent recurrence. The actions to prevent recurrence focused on the individual incident rather than the systems and processes in place. A medication incident form was not on file for all medication-related incidents.

Nursing staff reported that medicines which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. There was a documented verifiable audit trail maintained for these medicines.

Inspectors observed resources relating to medication management were available to staff. The action plan in response to the previous inspection stated that all nursing staff would receive medicines management training in June 2014. Training had been facilitated in medicines management for staff but the training matrix indicated that the training had not been completed for six nursing staff.

A number of residents required support to manage behaviours that challenge. Not all staff had completed challenging behaviour training. The inspector reviewed a sample of care plans for residents who were prescribed 'as required' psychotropic medicines for the management of challenging behaviour. A comprehensive care plan that outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques was in place for some but not all residents, as appropriate. Where chemical restraint was administered, the inspector noted that records did not sufficiently outline an appropriate assessment prior to the use of restrictive procedures. Therefore, it was not sufficiently clear that potential episodes of restrictive procedures were considered only if the potential benefit of restrictive procedures to the resident, and the risk involved if restrictive procedure is not used, outweigh the possible negative effects on the resident subject to restrictive procedures. It was not clear that the underlying cause of the challenging behaviour had been identified and alleviated. Records did not reflect the monitoring of residents during any episode of restrictive procedures, adverse events resulting from restrictive procedures and a detailed record of each episode of restrictive procedures were not documented. It was not clear if all alternative interventions were considered prior to the use of restrictive procedures.

Judgment:
Non Compliant - Major

Outcome 04: Notification of Incidents

Theme:
Safe Care and Support

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

Findings:
During the course of the inspection, it was identified that that an adverse incident relating to Regulation 31(1)(g) had not been notified to the Chief Inspector within three working days.

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

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Waterman's Lodge
Centre ID:	OSV-0000708
Date of inspection:	13/11/2015
Date of response:	11/01/2016

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 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 policy did not outline the return of controlled drugs to the resident/representative at the end of resident stay to ensure that the practices maintain a robust chain of custody in line with the Misuse of Drugs Regulations.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The medication management policy has been updated and now outlines the return of controlled drugs to the resident/representative at the end of resident stay to ensure that the practices maintain a robust chain of custody in line with the Misuse of Drugs Regulations.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had completed challenging behaviour training.

2. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
All staff will have completed challenging behaviour training by the end of January 2016.

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:
Care plans in relation to challenging behaviour had not been developed, where appropriate, for some residents.

3. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
Care plans have now been developed in relation to challenging behaviour and will be utilized where appropriate for specific residents.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of chemical restraint was not in accordance with national policy as published by the Department of Health.

4. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All staff have now received education on national policy as published on the website of the Department of Health and will adhere to same policy.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all nursing staff had completed medicines management training.

5. 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 nurses have now completed medication management training.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of gaps in medication administration records were noted where the record was left blank and it was not clear if the medicine had been administered or with-held.

Where medicines were administered using a compliance aid, a record of 'blister pack' was made in the medication administration sheet with no additional detail to state the

medicines administered.

The signature of the nurse was not present at all times where medicines were administered.

6. 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 registered nurses have now received medication management training .The areas of signature, and the importance of recording reason for medication being held have been highlighted. The use of the terminology Blister pack is no longer used on medication kardex. All nurses are aware of the need to record each individual medication.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Pertinent deficiencies were not identified in medicines management audits.

7. 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:
The Quality and safety practice manager will conduct and 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, on Jan 21st 2016.

Proposed Timescale: 22/02/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The actions to prevent recurrence focused on the individual incident rather than the systems and processes in place.

A medication incident form was not on file for all medication-related incidents.

8. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
All Full time registered nurses have received medication management training which included the importance of completing medication incident forms for all medication related incidents. Learning from serious incidents or adverse events involving residents will be discussed at staff meetings.

Proposed Timescale: 05/02/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector had to intervene to prevent a medication error.

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 full time staff nurses have received medication management training and have access to the centre medication management policy. The PIC will conduct unannounced supervised medicine rounds with staff nurses.

Proposed Timescale: 03/02/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resources were not complete to allow nursing staff to confirm prescribed medicines in the compliance aid with identifiable drug information.

10. 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 registered Staff nurses will review all clients medication on admission to insure that the centre is compliant with regulation 29(5)and relevant compliance aids are in the centre, centre Pharmacy will be contacted to get compliance aid if not in the centre archive.

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no record that incomplete or unclear prescriptions had not been clarified by nursing staff prior to administration to ensure that medicines were administered as prescribed.

11. 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 registered staff nurses have received medication management training, and are aware of the protocol in relation to incomplete or unclear prescriptions. Communication will be documented with relevant general practioner/pharmacy; this will be documented in communication sheet in clients folder.

Proposed Timescale: 05/02/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Photocopied/faxed prescriptions were used to administer medicines for eight residents on the day of inspection and an original prescription had not been sought in a timely fashion.

12. 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 prescriptions used to administer medicines are now original documents, the use of photocopied/faxed prescriptions are no longer in use and medication policy reflects this. The centre now employs a general practioner to review medication prescriptions

Proposed Timescale: 22/12/2015

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each individual prescription did not contain an authorisation by the prescriber to crush the medicine prescribed.

13. 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 prescriptions that require authorisation by the prescriber to crush medication will be documented on prescription.

Proposed Timescale: 22/12/2015

Outcome 04: Notification of Incidents

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An adverse incident relating to Regulation 31(1)(g) had not been notified to the Chief Inspector within three working days.

14. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
The person in charge has now notified the chief inspector of afore mentioned adverse incident and is aware of her responsibilities in relation to the reporting of future adverse incidents. The PIC will follow HIQA notification process as per regulation 31(1) and

complete and submit notification forms as per incident set out in paragraph7(1)(a) to (j) of schedule 4 within 3 working days of its occurrence.
Proposed Timescale: 22/12/2015