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:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Centre address:	Croagh, Limerick.
Telephone number:	069 644 43
Email address:	manageradare@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	77
Number of vacancies on the date of inspection:	7

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:
06 November 2015 10:00	06 November 2015 15:45

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

Outcome	Our Judgment
Outcome 01: Medication Management	Non Compliant - Moderate
Outcome 06: Governance and Management	Compliant

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance in relation to management of medicines as part of a programme of focused inspections in this area. As part of the single outcome inspection, the inspector met with the person in charge, residents and staff members. The inspector observed medication management practices and reviewed documentation such as prescription charts, medication administration records, training records, complaints log, policies and procedures and records of residents' meetings.

Notifications had been submitted to the Chief Inspector relating to the appointment of two additional persons participating in management and the inspector spoke with both throughout the inspection. The inspector found that there was a clearly defined management structure that identified the lines of authority and accountability and there were adequate arrangements for the management of the centre during the absence of the person in charge.

Staff demonstrated knowledge and awareness of safe and appropriate medication administration practices that were person-centered. Medicines management audits took place on a regular basis and actions identified were seen to be implemented. Handling and storage of medicines, including controlled drugs, was safe and in accordance with current guidelines and legislation. Staff were facilitated to complete medicines management training. Care plans clearly outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques prior to the use of medicines.

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 medicines management. The following is a summary of these required improvements:

- documentation in medication administration records
- clarification of incomplete prescription medication orders
- review and development of care plans and protocols in relation to medical emergencies
- qualitative analysis of medicines usage.

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:
Residents were protected by the centre's policies and procedures for medicines management but some improvements were required in relation to documentation, care plan development and review of medicines management.

The centre-specific policies on medication management were made available to the inspector. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Training records confirmed that regular training in medicines management was facilitated for nursing staff.

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

Medicines were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored securely and 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.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

Compliance aids were used by nursing staff to administer medicines. The majority of compliance aids were clearly labelled to allow nursing staff to confirm prescribed medicines in the compliance aid with identifiable drug information. However, one

compliance aid was not clearly labelled.

A sample of medication prescription records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart. The maximum dose for some 'as required' medicines was not specified by the prescriber and had not been clarified by nursing staff. A number of prescription records examined did not contain the date of prescription for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations.

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

Nursing staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

There was a system in place for the reviewing and monitoring of safe medicines management practices. Regular audits were completed which examined a number of areas related to medicines management including ordering, receipt, storage, disposal, management of oxygen and administration. Pertinent deficiencies were identified and actions were implemented. The use of antibiotics and psychotropic medicines was monitored in a quantitative manner. However, a qualitative analysis of this data was not completed to identify trends and benchmark with comparable services.

The inspector reviewed a sample of care plans for residents who were prescribed 'as required' psychotropic medicines for the management of challenging behaviour. Care plans clearly outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques. Evidence based tools were used to record the antecedent, behaviour and consequence (ABC) of each incident. It was clearly outlined that medicines only be administered when all alternative less restrictive measures have been considered. Staff with whom the inspector spoke were knowledgeable in relation to the care plan in place and were observed to implement the measures outlined. Multi-disciplinary input was sought when appropriate.

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

Judgment:
Non Compliant - Moderate

Outcome 06: Governance and Management

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 the management structure was examined as part of this inspection. As previously outlined, notifications had been submitted to the Chief Inspector relating to the appointment of two additional persons participating in management and the inspector spoke with both throughout the inspection.

A new assistant director of nursing had been appointed in October 2015. She was a registered general nurse and has a number of years' experience of nursing older persons, including at management level. She has worked as a clinical nurse manager in this centre and other centres within the organisation since 2013. She was undertaking a management course. She demonstrated good, sound clinical knowledge and was committed to providing person-centred care. The assistant director of nursing was identified as the person to act as the person in charge in her absence and she had a good understanding of her responsibilities when deputising for the person in charge.

There were two clinical nurse managers in the designated centre and a new clinical nurse manager had been appointed in August 2015. He was a registered general nurse and had worked in the centre since 2011 as a senior nurse. He demonstrated comprehensive clinical knowledge. Residents and relatives were relaxed in his presence. He was undertaking a Masters degree in dementia care.

Judgment:
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:

Louisa Power

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Adare and District Nursing Home
Centre ID:	OSV-0000404
Date of inspection:	06/11/2015
Date of response:	08/12/2015

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 01: Medication Management

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans had not always been developed in line with residents' assessed needs.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

[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:
An audit of all care plans has taken place; there is a focus on ensuring that all care plans are based on each person's individual's medical, social, psychological and spiritual needs, including identified medical conditions, and that all treatment plans are recorded for the resident.

Proposed Timescale: 31/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some gaps were noted in medication administration records.

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:
A review of medication charts has taken place. All nurses have been reminded of their responsibility to ensure signature of administration is completed at the time of administration in line with the centre's medication administration policy.

Proposed Timescale: 01/12/2015

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A qualitative analysis of antimicrobial and psychotropic medicine usage had not been completed.

3. 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:
A qualitative analysis of antimicrobial and psychotropic medicines use has been formatted after discussion with the multidisciplinary team, including the centre's pharmacy supplier.

Proposed Timescale: 30/12/2015

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart.

The maximum dose for some 'as required' medicines was not specified by the prescriber and had not been clarified by nursing staff.

A number of prescription records examined did not contain the date of prescription for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations.

A compliance aid was not clearly labelled to allow nursing staff to confirm prescribed medication in the compliance aid with identifiable drug information

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:
All medicines to be administered in a modified form are individually prescribed and approved on the prescription chart.
The maximum dose in 24 hours of 'as required' medicines has been specified by the prescriber and is indicated on the prescription chart.
All prescription records have been reviewed and all dates of prescription for each medicine are included.
Compliance aids are clearly labelled to allow nursing staff to confirm prescribed medication in the compliance aid with the identifiable drug information.

Proposed Timescale: 30/12/2015