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:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Centre address:	Mount Oliver, Dundalk, Louth.
Telephone number:	042 935 8985
Email address:	stfrancisdundalk@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Francis Nursing Home (Mount Oliver) Limited
Provider Nominee:	Avril Reynolds
Lead inspector:	Jim Kee
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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:
24 February 2016 10:25	24 February 2016 15:30

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

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

Summary of findings from this inspection

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

As part of the single outcome inspection, the inspector met with the person in charge, provider nominee, residents and staff members. The inspector observed medication management practices and reviewed documentation such as policies and procedures, medication prescription and administration records, audits, records of meetings, staff training records, care plans and other relevant documents.

The outcome on medication management had been found to be in major non-compliance with the regulations during the inspection in the centre on 06/1/2016. The inspector found that some improvements had been made in medication management practices, and that further improvements were planned.

Overall medication management practices were found to require significant improvement to address issues identified by the inspector including certain aspects of documentation relating to the prescribing and administration of medicines, storage of medicines requiring refrigeration and the systems in place to ensure safe administration of medicines such as insulin and warfarin. There was no management system in place to ensure medication management practices were safe, appropriate, consistent and effectively monitored. The outcome on medication management was found to be in major non-compliance with the regulations.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:
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 started to make improvements in medication management practices since the last inspection, including a new system of medicine prescription sheets, and reviews of the residents' medicines by the pharmacist, but significant improvements were still required in a number of areas to ensure medication management practices in the centre were to an appropriate standard. The action plan submitted for the outcome on medication management following the last inspection had three main actions:
-review of residents' medicines by pharmacist. This action had been completed according to the proposed timescale.
-re-organisation of the staff rosters. This action had not been completed at the time of the inspection but the inspector was informed that work had commenced on this re organisation and it was hoped that the new rosters would be operational within three weeks ahead of the proposed timescale of April 2016.
-in house education on medication management. This action had not been completed at the time of the inspection. The proposed timescale for this action had been mid February 2016.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. All medicines were stored securely within the centre on a medication trolley and securely within a locked clinical room. There was a fridge available for all medicines or prescribed nutritional supplements that required refrigeration, but the inspector found that the hinges on the door of this fridge were broken and required repair. The temperature of this fridge was not being checked and documented on a daily basis to ensure the temperature of this fridge was between 2-8 degrees Celsius. There was an alarm on this fridge but it was not clear at what temperature this alarm activated. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift. The inspector observed that dates of opening were marked on the majority of medicines

including prescribed eye drops, and liquid medicines. However the inspector observed that the date of opening had not been marked on an open pouch of transdermal patches to ensure that the 14 day expiry could be correctly observed. The summary of product characteristics for this medicine clearly states the necessary storage requirements and the reduced shelf life of the patches once the storage pouch is first opened. The date of first use was not being consistently marked on pre-filled insulin injection pen devices to ensure that insulin from these devices was not administered to a resident after the specified expiry period.

The inspector spoke with the nurse administering medicines to residents as part of the medication round after lunchtime in the centre. The inspector reviewed the processes in place for administration of medicines, and was satisfied that nursing staff were knowledgeable regarding residents' individual medication requirements. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspector reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice:
-The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
-The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.
-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in some cases residents had been prescribed more than one psychotropic medicine on a PRN basis but the prescription did not indicate when the medicines were to be used or which medicine was to administered first.
-The allergy section of the prescription sheet was not completed for all residents to ensure that it was clear if residents had any known allergies to medicines or if there were no known drug allergies (NKDA).
-A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.
-For certain PRN (as required) medicines where the dose prescribed was variable (eg. 50-100mg), the dose administered was not being consistently recorded.
-The night nurse was administering morning medications to a number of residents. The inspector was informed that this practice would be reviewed when the new rosters were implemented to ensure the timing of the morning medicine administration round was agreeable to the resident and the prescriber.
-Nursing staff were transcribing the required information from the existing prescription sheets to the revised prescription sheets but two nursing staff were not signing and dating the prescriptions sheets to indicate that double checking of transcribing was taking place as required by professional guidelines. The revised prescription sheets were not in use at the time of the inspection and appropriate transcribing practice was discussed with the person in charge and the deputy director of care during the

inspection.

The inspector found that the system of documentation in place to ensure that medicines such as insulin and warfarin were appropriately and safely administered as prescribed was not sufficiently comprehensive. Verbal instructions from the diabetic clinic for one resident had been typed up and was stored with the resident's insulin supply. There was no indication that these dosage instructions had been checked by two staff members to ensure accuracy, no written confirmation of the dosage changes was available from either the resident's general practitioner or the prescriber in the diabetic clinic. One of the insulin doses was subsequently increased further, with the original dose crossed out in pen and amended with no indication as to who had authorised this increase or who had made the amendment and if the new dose had been appropriately checked for accuracy. The inspector found that a further set of dosage instructions were on display in the clinical room which had not been updated to reflect the new prescribed dosage regimen. The risk of cross infection with blood glucose monitoring required review as the inspector noted that the centre was using one lancing device suitable for single patient use on more than one resident with a new lancet needle for each resident. The nursing staff were informed that each resident required their own individually labelled lancing device or single use safety lancets were to be used.

The system in place to ensure that appropriate documentation was available to specify changes to prescribed doses of warfarin following necessary blood tests required improvement. There was no indication on the prescription sheet or any of the associated documentation for one resident to indicate that an appropriate prescriber had authorised the recent changes to the warfarin dose.

At the time of the inspection none of the residents in the centre were self administering 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 had recently commenced a review of residents' prescribed medicines. The review process included review of the residents' prescribed medicines by nursing staff, the prescriber and the pharmacist. During this review the pharmacist had identified a discrepancy between the prescribed dose of one medicine as documented on the prescription sheet and the dose being dispensed and administered to the resident. This issue had not been clarified with the prescriber, although the person in charge assured the inspector that this issue would now be discussed with the prescriber.

There was no system in place within the centre for reviewing and monitoring medication management practices. Medication management audits were not conducted to review the prescribing, ordering, receipt and storage of medicines in the centre or of the administration of medicines within the centre.

The inspector was informed that there had been no recent medication related errors in the centre.

Staff training records reviewed by the inspector indicated that a number of the nursing staff had completed online medication management training within the last 12 months.

Further training in medication management was planned.
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:

Jim Kee
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
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:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Date of inspection:	24/02/2016
Date of response:	06/04/2016

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy in place relating to the storage of medicines was not being appropriately implemented to ensure that medicines that required refrigeration were stored at the correct temperature at all times.
-the door of the fridge used to store medicines required repair.
-documented checks of the fridge temperature were not being conducted to ensure medicines that required refrigeration were being stored at the recommended

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

temperature range of 2-8 degrees Celsius.

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

Please state the actions you have taken or are planning to take:
-a pharmacy refrigerator with external temperature panel, temperature control and lockable door is in place -daily documented checks are being conducted to ensure medicines that required refrigeration are being stored at the recommended temperature range of 2-8 degrees Celsius

Proposed Timescale: 07/04/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of medicine administration were not accurately maintained for all PRN (as required) medicines as specified in schedule 3 of the regulations.

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:
The Kardex has been designed so that Records of medication Administration for all PRN medicines are accurately maintained.

Proposed Timescale: 07/04/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
-Medication management was not audited in the centre to ensure practices were safe, appropriate, consistent and effectively monitored.
-issues identified during reviews of resident's prescribed medicines were not addressed in a timely manner.

3. 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.

Please state the actions you have taken or are planning to take:
- 3 monthly Audits of Medication Management are planned to follow the Audit completed (30/03/16). The areas for improvement have been discussed with the prescribing GPs. Nurses have been alerted to the importance of Medication Error Reporting.
-A template to prevent issues like failure to sign, date etc has been developed by the G.P. who attends most of our residents and its use has been negotiated for with the other G.P.s who will use it

Proposed Timescale: 07/04/2016

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff in the centre were using one lancing device suitable for single patient use on multiple residents with a new lancet needle for each resident. This practice posed a risk of cross infection and was not in line with advice published regarding risk management of blood glucose monitoring in designated centres.

4. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Additional lancing devices have been procured for the resident requiring blood glucose monitoring.

Proposed Timescale: 07/04/2016

Theme:
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a number of the prescription and administration sheets and identified a number of issues that did not conform with appropriate medication management practice:
-The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
-The maximum daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.

-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet and there were no associated resident specific care plans in place for these medicines to guide staff in the administration of these medicines (in some cases residents had been prescribed more than one psychotropic medicine on a PRN basis but the prescription did not indicate when the medicines were to be used or which medicine was to administered first.
-The allergy section of the prescription sheet was not completed for all residents to ensure that it was clear if residents had any known allergies to medicines or if there were no known drug allergies (NKDA).
-A number of residents required their medicines to be crushed prior to administration and this was documented at the top of the prescription sheet. The prescriber had not consistently indicated that crushing was authorised for each individual medicine on the prescription sheet.
-The inspector found that the system of documentation in place to ensure that medicines such as insulin and warfarin were appropriately and safely administered as prescribed was not sufficiently comprehensive.
-There was a discrepancy between the prescribed dose of one medicine for one resident and the dose being administered.

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:
The design of the KARDEX includes: -The prescribed frequency of administration for all medicines -The maximum daily dosage for PRN (as required) medicines -The indication for use of PRN (as required) medicines is documented on the prescription sheet. Associated resident specific care plans are in place for these medicines to guide staff in the administration of these medicines. -The allergy section of the prescription sheet is completed for all residents to ensure clarity re allergies to medicines or no known drug allergies (NKDA). -Medicines to be crushed prior to administration, with documentation that crushing was authorised for each individual medicine on the prescription sheet. - The system of documentation to ensure that medicines such as insulin and warfarin are appropriately and safely administered as prescribed is in the special directions section of the Drugs Kardex. - Regarding the discrepancy noted between the administered dose (of insulin) and the prescribed dose : A document for Administration of Insulin (with a sliding scale) has been developed for this resident by her Consultant and the Clinical Diabetic Nurse specialist and is in use for delivery of treatment as prescribed.

Proposed Timescale: 07/04/2016

Theme:
Safe Care and Support

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

Date of first use/dates of opening were not being consistently marked on all prescribed medicines to ensure that these medicines were not administered to a resident after the specified expiry period.

6. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
Labels indicating first use/dates of opening are used to mark on all prescribed medicines to ensure that these medicines are not administered to a resident after the specified expiry period. Nurses have been reminded of the importance of this safeguard.

Proposed Timescale: 07/04/2016