

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Waterford Nursing Home
Centre ID:	OSV-0000255
Centre address:	Ballinakill Downs, Dunmore Road, Waterford.
Telephone number:	051 820 233
Email address:	waterfordnursinghome@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:	Jim Kee
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	54
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: 29 February 2016 10:30 To: 29 February 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Medication Management	Substantially Compliant

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, staff training records and rosters, 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 17/11/2015. The inspector found that significant improvements had been made in medication management practices, and that the necessary actions had been taken to address the non-compliances identified during the previous inspection. Further improvements were planned and prescription sheets were in the process of being updated at the time of the inspection.

Staff demonstrated knowledge and awareness of safe and appropriate medication administration practices. There were systems in place to review medicine management practices in the centre on an on-going basis. Medication management audits were being conducted in the centre, with action plans to ensure all identified issues and deficiencies were addressed.

Overall medication management practices were found to be of an appropriate standard, although improvement was required to address issues identified by the inspector including certain aspects of documentation relating to the prescribing and

administration of medicines. The outcome on medication management was found to be in substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 .The action plan at the end of this report identifies the areas where improvements must be made to meet the requirements of the regulations.

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:

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. The inspector found that certain aspects of medication management practice required further improvement including certain aspects of documentation relating to the prescribing and administration of medicines.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. Residents were facilitated to have their medicines dispensed by a pharmacy of their choosing. All medicines were stored securely within the centre on medication trolleys and securely within two locked clinical rooms. There were fridges available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of these fridges was monitored. 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 medicines when required, including prescribed eye drops, and liquid medicines. However dates of first use were not marked on insulin pen devices to ensure that these devices were not used after the specified expiry period.

The inspector observed 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 nurses were knowledgeable regarding residents' individual medication requirements and followed professional guidelines. Nursing staff were observed to safely administer medicines and in a person centred manner. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspectors reviewed a number of the prescription and administration sheets and identified the following issues that did not conform with appropriate medication management practice:

The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet. 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. There were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent administration.

-The maximum dosage of PRN (as required) medicines to be administered in a 24 hour period was not consistently indicated on the prescription sheets. In some cases two PRN medicines containing paracetamol had been prescribed but the maximum dosage permitted within 24 hours was not indicated.

-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 centre was in the process of updating a number of the prescription sheets, and this process took time due to the large number of general practitioners providing medical treatment to the residents. The inspector was informed that a number of the issues identified relating to the prescription sheets would be rectified when the new prescription sheets were introduced.

The medication management policy included procedures for managing PRN (as required) medicines. The centre had a system in place to monitor the administration of PRN psychotropic medicines.

The centre had policies and procedures in place to facilitate residents to self administer prescribed medicines when appropriate.

Medication reviews were conducted by the prescribing doctors on a regular basis, and the date of these reviews were recorded on the prescription sheets.

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, conducting reviews of residents' medications. There was a schedule in place to ensure the pharmacist was available in the centre to residents and their families on a monthly basis.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits. The medication audits made available to the inspector were conducted on a quarterly basis and reviewed the ordering, receipt and storage of medicines in the centre and also included information on the disposal of medicines, and included review of administration practices. The audits included an action plan to ensure all identified issues and deficiencies were addressed. The inspector reviewed the most recently conducted audit, and this audit had identified a number of deficiencies and the audit form indicated that a number of the issues had been addressed and that further actions were planned to address outstanding

deficiencies. Medication incidents including medication errors were recorded and reviewed within the centre. The centre was in the process of reviewing the documents used to record such incidents at the time of the inspection

The assistant director of nursing had started a programme of medication management competency assessments for nursing staff, and the inspector reviewed four of these assessments which had been completed in February 2016.

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:

Jim Kee
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 report¹

Centre name:	Waterford Nursing Home
Centre ID:	OSV-0000255
Date of inspection:	29/02/2016
Date of response:	21/04/2016

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:

Dates of first use were not marked on insulin pen devices to ensure that these devices were not used after the specified expiry period.

1. 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

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

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:

All medicinal products which are out of date or no longer required are now stored safely and securely and in a separate area to medicines that are in use. These products are disposed of in accordance with national legislative requirements and in accordance with the centre's policy on safe disposal of medicinal products.

The date of first use is now marked on all medication when initially opened, including Insulin Pens.

The PIC will monitor ongoing compliance with this requirement by undertaking a monthly audit of medicines management in the centre. Any area of non-compliance identified as part of this audit will be addressed and rectified.

Proposed Timescale: 04/03/2016

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 the following issues that did not conform with appropriate medication management practice:

-The indication for use of PRN (as required) medicines was not consistently documented on the prescription sheet. 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. There were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent administration.

-The maximum dosage of PRN (as required) medicines to be administered in a 24 hour period was not consistently indicated on the prescription sheets. In some cases two PRN medicines containing paracetamol had been prescribed but the maximum dosage permitted within 24 hours was not indicated.

-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.

2. 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 PIC and ADON have communicated with GPs and the Psychiatry of Later Life team to achieve compliance in relation to the administration of psychotropic drugs on a PRN basis. There will be a clearly documented plan of care for individual residents requiring psychotropic medication on a PRN basis, outlining specific indications for use and protocols regarding behavioural support which will guide practice and ensure appropriate consistent administration. Where more than one psychotropic drug has been prescribed, there will be a clear directive to guide nursing staff in selecting the appropriate medication.

GPs are currently reviewing the prescribed medications as part of their quarterly review of residents. All PRN medications prescribed will include a maximum dose in 24 hours.

The Allergy section is now complete for all residents with drug allergies and allergies are immediately visible on the prescription chart. Where a resident has no known drug allergies, this is clearly marked (NKDA).

Each GP will sign each individual medication where crushing is required to indicate if this is appropriate/permissible.

The PIC will ensure ongoing compliance with each of the measures outlined via the monthly medicines management audit.

The PIC is currently working with the pharmacy supplier to ensure that the prescription chart includes sufficient space for specific additional instructions from the GP, such as crushing of tablets.

Proposed Timescale: 30/05/2016