

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Centre address:	Roebuck Road, Dublin 14.
Telephone number:	01 283 2455
Email address:	Ispholyfamily@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Mary Teresa Bible
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	58
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: 20 June 2016 11:00 To: 20 June 2016 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was unannounced and the purpose of this inspection was to monitor ongoing regulatory compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that the action plans from the last inspection on 8 September 2014, had been addressed by the provider. Residents spoken with expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and confirmed that they enjoyed the quality of life and service provision at the centre.

The centre was found to be in full compliance with 7 of the 10 outcomes inspected against. Three outcomes were substantially compliant, medication, statement of purpose and health and safety and risk management.

The action plans at the end of this report reflect the improvements required. Two

actions are for the responsibility of the provider and one is the responsibility of the person in charge.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A statement of purpose was in place and this accurately detailed the aims, objectives and ethos of the service. The information was largely in line with Schedule 1 requirements. However, some improvements were required with revised details of staffing, the updated complaints procedures and the requirements to keep this document under review, as no review had taken place since 2014.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector confirmed that the lines of responsibility and accountability were clear, and sufficient resources were in place to manage service provision.

The systems in place for managing complaints and feedback from residents and relatives was robust. Staffing provision and supervision had improved since the time of the last inspection. The annual report for 2015 relating to the quality and safety of care at the designated centre had been completed and had been submitted by the provider prior to the inspector prior to this inspection.

There was a change in the person in charge from the time of the last inspection. The assistant director of nursing was now undertaking the role of person in charge with support from the provider. She was found to be fully engaged in overseeing the management of the service. She worked closely with a deputy who also participated in management of the centre. The provider confirmed that she was knowledgeable with the required skills and experience to operate the service.

The staffing rosters given to inspectors confirmed that skill mix of staff had improved since the time of the last inspection. The inspector saw that a registered nurse now worked the twilight hours each evening to assist with supervision and medication management duties. Further to a review of records and discussion with the management team the inspector found that management meetings took place once a month, and staff meetings took place regularly.

Staff working on the day of the inspection confirmed that they had a good knowledge of residents living at the centre. Staff confirmed to the inspector that they were well supported by the management team.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider had reviewed the contracts of care since the last inspection and had fully addressed the non-compliance relating to details of the services and additional fees payable (where stated). The inspector found that the revised contract of care was now clear in terms of any additional fees payable.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge had worked at the centre as assistant director of nursing for a number of years and she was deemed to have the required knowledge and experience to hold the post of person in charge. She was supported in her role by the assistant director of nursing and the provider.

She was knowledgeable about each residents' nursing and social care needs, and could evidence her continuous professional development.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy in place to guide staff and they received appropriate training in adult protection. Care and communication was observed to be person-centred and in an environment which promoted residents' rights.

The centre was guided by policies on the protection of vulnerable adults in place and policies. The inspector found there was regular staff training in the protection of vulnerable adults, and the records confirmed that this was up to date. The assistant

director of nursing discussed the content of the training programme which she delivered, including new staff, and knowledge of the local and National policy. Staff spoken to by the inspector were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge and management team was aware of the requirement to notify any allegation suspected, or confirmed of abuse to the Authority. The inspector spoke to a number of residents who confirmed that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review where required. The inspector found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Evidence of multi-disciplinary review included guidance on any use of prescribed medication where indicated.

There was a policy on the use of restrictive practices which reflected the national policy "Towards of Restraint Free Environment". The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low-low beds and crash mats. The person in charge could demonstrate an up to date risk register was in place.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the provider had implemented the risk management policy in terms of risks associated with a resident going missing since the time of the last inspection. Improvements were noted by the inspector, however, further areas for improvement related to the safety statement and fire safety procedures were evidenced.

The fire safety policy and procedures were largely implemented in relation to the

management of the fire safety at the premises. The inspector reviewed the systems in place and staff knowledge and staff on duty were interviewed and documents examined including signs and fire instructions. Adequate precautions against the risk of fire and arrangements for the safe evacuation of persons from all parts of the centre were in place. However, some improvements were required relating to following aspects of fire safety; the inspector observed a small number of internal residents bedroom doors wedged or held open during the inspection. The person in charge was asked to review this and mitigate the risks associated with this practice on the day of the inspection and before the inspector left, this was completed.

Means of escape were fully maintained, and the fire evacuation procedures, plans displayed near the main entrance and fire instructions had been updated to reflect the new fire doors and layout on each floor.

Staff and records confirmed that training in fire safety and evacuation procedures had been provided, and fire safety was managed, the records of the most recent fire drills were reviewed. Staff on duty were familiar with the evacuation procedures; including what actions to take in the event of a fire or evacuation. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trained in fire safety management. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place.

There was a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. However, an up-to-date safety statement was not found to be in place, which related to the health and safety of residents, visitors and staff. The inspector found the written safety statement had been comprehensively updated at the time of the last inspection, but required review in line with relevant legislation. Evidence of environmental audit was in place and the staff member responsible for this area was knowledgeable in terms of fire safety, identifying risk and maintenance of the premises.

Overall, the centre was clean, hygienic and well maintained. The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff, and they had access to supplies of gloves, disposable aprons, and alcohol hand gels which were available throughout the centre. The inspector saw records that confirmed refresher training in infection prevention and control had taken place. Staff training records confirmed that all staff had completed moving and handling refresher training.

The inspector read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, self-harm and accidental injuries to residents and staff.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips, trips and falls and overall the number and nature of incidents was found to be low. For example, residents' outings and access to gardens was promoted and their rights to access outdoor space was being fully respected. The staff response was timely in terms of prevention, and management of any slips trips and

falls. For example, there was planned activity, health promotion and exercise plans in place to maintain independence and educate residents in relation to prevention, and access to physiotherapy was facilitated twice weekly at the centre.

An audit programme which is over seen by the person in charge and provider was in place, and the person in charge had full oversight of actions to mitigate risks identified. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner.

Judgment:
Substantially Compliant

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 inspector found that each resident was protected by the designated centre's policies and procedures for medication management. However, some improvements were required in terms of storage of medicines and medication practices and records of administration.

There was a written medication policy which guided practice and administration practices were largely observed to be of a good standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. There were appropriate procedures for the handling and disposal of out of date medications, with appropriate records maintained.

The inspectors viewed completed prescription records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The retail pharmacist was also involved in medication safety and was available if required in the centre, the inspector was informed that medication audit took place yearly by the pharmacist. However, further to a review of storage and medication records on one floor of the centre, some practices required required closer monitoring and supervision by the management team on site.

The person in charge confirmed that competency assessments were completed with new nursing staff by the person in charge or her deputy. All staff nurses involved in the administration of medications had undertaken medication management training.

Medication was stored in locked cupboards in clinical storage area on each of the three

floors accessed only by staff. Medications which required strict control measures were managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. Stock balance was checked and signed by two nurses at the change of each shift. The balance of medications reviewed by the inspector reconciled with the records. However, the inspector observed the records of the medication checks for medication requiring strict control measures had been pre-signed by the registered nurse, and a medication due at 6pm had also been signed as given by the nurse, but had not yet been administered according to the nurse on duty. The dates of opening of eye drops and other medication with short expiry dates was not recorded by nursing staff consistently in line with good practice.

Medication audits were completed by the person in charge and the pharmacist to identify areas for improvement and there was documentary evidence to support this. Systems were in place to monitor for any medication errors, or near misses and any findings were discussed to prevent recurrence. The person in charge agreed to address the findings of the inspection, relating to medication management to improve practice.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care. The inspector found that there was a nursing and social care system in place to promote each resident's care and quality of life. There was access to medical and allied health care, including the option of retaining the resident's own General Practitioner (GP). The admission and discharge policy informed and guided good practice. Residents confirmed that their health and social care needs were well met, and independence and wellness was promoted by all staff.

There was a range of validated risk assessments fully implemented to assist the nursing staff in developing a person centred care plan based on residents assessed needs. Resident's assessed needs include their physical, psychological, spiritual needs and their social interests and their preferences. For example, the inspector reviewed the pre-

admission and admission details of the last resident admitted and these were found to inform a safe transfer and admission to the centre inclusive of medication reconciliation.

Residents confirmed that they are actively involved in the assessment and care planning process. Care plans are reviewed four monthly or more frequently if required, for example following a change in the residents' condition.

The inspector evidenced that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls' prevention and management, pain management, wound care and nutritional risk assessments. The inspector reviewed policies and found that they were evidence based and would guide and inform practice.

All residents had a pressure ulcer risk assessment completed on admission and this would be updated four monthly or more frequently if there is a change in the residents condition. The inspector found that systems in place to minimise the risk of residents getting a pressure ulcer, for example enough staff on duty to assist the residents to change position regularly, and to manage continence issues. There was an adequate supply of alternating pressure relieving mattresses and availability of pressure relieving cushions. An evidenced based policy on nutrition and hydration was in place and guided practice.

Residents had regular access a General Practitioner and doctor-on-call services were in place in the evening time and over the weekend. Referrals were facilitated including speech and language (SALT), chiropody and a dietitian. Dental, optical and audiology services are provided locally and on-site where required. The physiotherapist was rostered twice weekly and additional services could be availed of, and occupational therapist will be available on a referral basis.

Specialist psychiatry and access to specialist medicine for the elderly was availed of when required on a referral process. Palliative care specialities are available on a referral basis.

Activity and choice of pastimes for residents was fully facilitated and choices respected. Residents gave positive feedback to the inspector about the quality of their daily lives and supports in place to maintain their independence. The residents' right to refuse to be involved with any form of planned activity was also fully respected. The inspector was informed that the hairdresser visited regularly, there were a number of activities in place including religious services which residents enjoyed in place. Residents informed the inspector that they could also be involved with crafts, bingo, knitting, music therapy, walks and going to visit relatives and other activities. Resident involvement with planning activities within and outside the centre was sought and facilitated by staff.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative,

and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The complaints procedure was on display at the main entrance to the centre and each resident received information on how to make a complaint on their admission to the centre. The policy on complaint's management was in line with legislative requirements and had been updated by the provider to reflect the right of a resident to access the Ombudsman if required.

A record of both written and verbal complaints was fully maintained and feedback and complaints were being dealt in a timely manner. Each complaint listed the details of the complaint, and the outcome of the complaint. The inspector found that a small number of verbal complaints were received by the centre and these were found to be well managed. There was an up to date complaints policy which listed a nominated complaints officer within the centre and the person responsibility for overseeing the process on behalf of the provider.

There was evidence of service improvement as a result of feedback received through the complaints process. Residents who spoke with the inspector were complimentary with regard to service provision and improvements.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A review of the staffing roster confirmed that the number of registered nurses working at the centre had increased following the last inspection. Two registered nurses were now on duty each evening. There were appropriate staff numbers and skill mix to meet the needs of residents on the day of the inspection. The inspector also reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre.

The inspector found that staff had up-to-date mandatory training. Staff also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. Staff interviewed were clear on fire, safeguarding and moving and handling procedures. The inspector recommended that consideration was given to more formal medication management training specific to service provision record keeping.

The inspector confirmed that all staff were vetted working at the centre. At the time of inspection there were volunteers also in place but the person in charge was aware of the vetting procedures and requirements of the legislation. A human resources staff member was involved in undertaking vetting procedures for all staff. There was a recruitment policy in place and the inspector found that staff recruitment was in line with the regulations. All relevant members of staff have an up-to-date registration with the relevant professional body. Seventeen registered nurses were in place at the time of the inspection, with a relief panel in place for unanticipated leave.

The inspector observed staff interacting with the residents and person in charge in a professional and respectful manner.

The staffing is based on the dependency of the residents, layout of the premises and the range of needs as stated in the statement of purpose. The premises are laid out over four floors, with accommodation, social and recreational areas on the upper floors. On the day of the inspection the assessed dependency levels for residents (inclusive of two residents in hospital) was given to the inspector as follows:

Maximum dependency - 10

High dependency- 15

Medium dependency -13

Low dependency - 17

The assessed dependency levels of the residents at the centre had not decreased or increased significantly since the last inspection. The inspector found that satisfactory arrangements were in place to cover unanticipated leave.

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:

Leone Ewings
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:	Holy Family Residence
Centre ID:	OSV-0000050
Date of inspection:	20/06/2016
Date of response:	20/07/2016

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: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The revised details of complaints and staffing had not been reviewed further to recent governance changes.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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 Statement of Purpose will be reviewed and updated to incorporate the requirements regarding the Complaints Procedure and Staffing levels

Proposed Timescale: 04/08/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The practice of propping bedrooms doors open with wedges and other items was observed on inspection.

2. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:

All wedges have been removed from bedroom doors. We plan to install door closures on all bedroom doors for residents on a phased basis. Commencing on the 20th July, six door closures will be installed on bedroom doors of residents who have been identified as at risk, because of impaired mobility and those who were propping their doors open. Over the next two weeks, we will evaluate the effectiveness of these closures prior to making a decision about which type / brand we will install onto the remainder of the doors. At this stage we will put together a phased implementation plan and submit same to the inspectorate.

We have also arranged for a named member of staff to check all bedroom doors on both the morning and evening shifts to ensure that no doors are propped open until all bedroom doors have been fitted with door closure devices.

We will also identify residents who may not have the ability to open and close their doors and ensure that each of these has a plan in place to address their need to enter and leave their rooms safely. This will include identifying times where it is anticipated that these residents will need to leave and return to their rooms as well as measures needed to ensure that each of these residents can access a staff member when they wish to enter or leave their rooms. These plans will be put in their care plans and all staff will be informed of these additional needs.

Proposed Timescale: 31/08/2016

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:

- Warfarin medication administration chart was signed by registered nurse prior to administration at 6pm.
- The dates of opening of eye drops and other medication with short expiry dates was not recorded by nursing staff consistently in line with good practice and pharmacy advice.

3. 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:

Additional Medication Management training has been arranged for all nurses on the 12th and 17th August 2016 to ensure that all nursing staff adhere to the Medication Policy and National Guidelines.

We will commence auditing medication management practices as part of our audit programme for the centre. This will include auditing the following on a scheduled basis:

1. Audit of the medication administration round monthly until audits confirm that there is compliance with standards and professional codes in the administration of medication, thereafter the frequency of this audit will be reduced.
2. Two monthly audit of prescription and medication administration sheets; controlled drug records of checking and administration and storage (including correct labelling of opened medicines) of medicines in the centre to include all areas where medicines are stored.

Criteria for the audit tools used will reflect the requirements of professional codes; regulations; legislation; standards and the recent HIQA guidance on medication management (2015).

Proposed Timescale: 17/08/2016