

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dealgan House Nursing Home
Centre ID:	OSV-0000130
Centre address:	Bellewsbridge Road, Toberona, Dundalk, Louth.
Telephone number:	042 935 5016
Email address:	dealganhouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dealgan House Nursing Home Limited
Provider Nominee:	Thomas Fintan Farrelly
Lead inspector:	Jim Kee
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	1

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: 25 February 2016 10:20 To: 25 February 2016 16:00

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. Inspectors 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 07/12/2015. 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.

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. All medicines were stored securely within the centre on medication trolleys or securely within a locked clinical room. There was a fridge available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge 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, liquid medicines and insulin pen devices.

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.

-Prescription sheets transcribed by nursing staff were signed by the transcribing nurse and by a second nurse but were not consistently dated to ensure the date of transcribing was clear.

-One medicine prescribed for administration at 8pm for one resident was recorded as administered at 10pm. This issue was discussed with nursing staff on the day of the inspection and it was clear from reviewing the records and rosters that this medicine had been administered at the correct time. The inspector was informed that the introduction of new medication administration records would eliminate this recording error.

-The new medication administration records reviewed by the inspector did not specify the actual times of administration. The clinical nurse manager contacted the pharmacy on the day of the inspection to ensure this was rectified.

There were specific documents and systems in place in the centre to ensure transdermal patches and medicines such as warfarin were appropriately and safely administered. A number of residents required their medicines to be crushed prior to administration and this was documented at the bottom of the prescription sheet. The prescriber had not indicated that crushing was authorised for each individual medicine on the prescription sheet, although a separate list of medicines approved for crushing was signed by the prescriber. The inspector discussed individually indicating the prescriber's authorisation to crush each medicine on the prescription sheet with the nursing staff as this system clearly outlined the medicines authorised for crushing at the time of administration.

The medication management policy included procedures for managing PRN (as required) medicines. The centre had a separate sheet to record all PRN (as required) medicines administered to residents which included details of the reasons for the administration, the effectiveness of the medication and where appropriate information on alternatives trialled. The use of psychotropic medicines in the centre was also regularly audited, although the inspector did note that not all residents prescribed psychotropic medicines were listed on the audit indicating that the audit was not capturing all prescribed psychotropic medicines.

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 visited the centre on a regular basis, conducting reviews of residents' medications. Medication review forms were maintained for residents listing each prescribed medicine, dates of review by the general practitioner (GP), nurse and pharmacist and any identified issues and the actions taken.

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 two monthly 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 the prescription and administration sheets. The audits included an outcome action plan to ensure all identified issues and deficiencies were addressed. Weekly auditing of the prescription and administration sheets was also conducted and this monitoring included checks on the timing of medication administration and administration practice. The clinical nurse manager had also recently introduced an audit of the clinical room to ensure all medicines were appropriately stored, the emergency trolley was up to date, controlled drug registers were properly maintained and that unused medicines were returned to the pharmacy.

Medication incidents including medication errors were recorded and reviewed within the centre.

Staff training records reviewed by the inspector indicated that the majority of nursing staff had completed online medication management training within the last two years.

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:

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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:	Dealgan House Nursing Home
Centre ID:	OSV-0000130
Date of inspection:	25/02/2016
Date of response:	08/04/2016

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

Prescription sheets transcribed by nursing staff were signed by the transcribing nurse and by a second nurse but were not consistently dated to ensure the date of transcribing was clear.

1. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared

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

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All nurses have been informed of the importance of dating transcribed Kardexs. All Kardexs have been updated.

Proposed Timescale: 08/04/2016

Theme:

Safe Care and Support

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

Records of medication administration were not being maintained in accordance with relevant professional guidelines as required under Schedule 3 of the regulations in that;

- One medicine prescribed for administration at 8pm for one resident was recorded as administered at 10pm.
- The new medication administration records reviewed by the inspector did not specify the actual times of administration.

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:

All medication administration times are now correctly recorded on the Kardex. Medication charts have been amended to facilitate the correct recording of actual administration times.

Proposed Timescale: 08/04/2016

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 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 be 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.

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:

1. Indication for administration of PRNs is now completed on all PRN charts.
2. New care plans have been devised to guide appropriate and consistent administration of PRNs
3. Individual prescription charts are being reviewed by GPs and in future will indicate which PRN medication should be administered first, if applicable.

Proposed Timescale: Numbers 1 and 2 above have been completed and number 3 will be completed by Friday, May 6th.

Proposed Timescale: 06/05/2016