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D'Alton Community Nursing Unit, Claremorris, Mayo.

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| Item Type | report |
| Authors | Power, Louisa |
| Citation | Louisa Power, 'D'Alton Community Nursing Unit, Claremorris, Mayo.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2015-01 |
| Publisher | Health Information and Quality Authority |
| Rights | Y |
| Download date | 2026-03-11 04:02:54 |
| Link to Item | https://hdl.handle.net/20.500.14765/73097 |

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | D'Alton Community Nursing Unit |
| Centre ID: | OSV-0000643 |
| Centre address: | Claremorris, Mayo. |
| Telephone number: | 094 936 2727 |
| Email address: | teresa.loughnane@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Michael Fahey |
| Lead inspector: | Louisa Power |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 26 |
| Number of vacancies on the date of inspection: | 4 |

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 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: 02 October 2014 09:30 To: 02 October 2014 14:45

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

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| Outcome 02: Governance and Management |
| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 09: Medication Management |
| Outcome 11: Health and Social Care Needs |

Summary of findings from this inspection

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

There was evidence that some corrective action was taken as indicated in response to the last action plan. However, some improvements were still required in the area of documentation.

Handling and storage of medications, including controlled drugs, was safe and in accordance with current guidelines and legislation. Staff demonstrated knowledge of safe medication management and were facilitated to attend training. Medication administration practices were observed to be in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland relating to medication management. The following is a summary of these required improvements:

- Documentation in medication administration records
- clarification of prescriptions to ensure medications are administered in accordance with prescriber's instructions

- evidence of analysis and learning from medication management audits
- implementation of care plans for residents with chronic pain.

An action plan was submitted by the provider in response to this report. The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Section 41(1)(c) of the Health Act 2007. 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.

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:

Only the component in relation to medication management was considered as part of this inspection. As outlined in outcome 9, audits and monitoring of key performance indicators was undertaken on a regular basis. However, analysis, learning from and actions emanating from this process was lacking in order to ensure continuous improvement.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only the component in relation to medication management was considered as part of this inspection. As outlined in outcome 9, the inspector observed that the medication administration sheets were left blank at a number of times where medication was due to

be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:

Non Compliant - Minor

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre-specific policy on medication management was made available to the inspector which had been reviewed in March 2012. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. The inspector observed a notice displayed outlining that a pharmacist was available for consultation by appointment. Records were maintained of the quarterly medication reviews undertaken by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. These reviews were completed in conjunction with nursing staff and the resident's doctor.

The inspector noted that medications were stored in a locked cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Staff reported and the inspector saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

Records made available to inspectors confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented.

The person in charge monitored a number of key performance indicators, including the use of antibiotics and psychotropic medications, on a monthly basis which form part of the quality monitoring audit. However, the inspector noted that analysis, learning from and actions emanating from this process were lacking; this is covered in outcome 2. Records made available to the inspector confirmed that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. The inspectors noted that the medication administration records were not consistently completed; this is covered in outcome 5.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. However, the inspector saw that there were incomplete medication prescriptions which did not outline the route, frequency or duration of treatment. The maximum doses were not always stated for 'pro re nata' or PRN medications. There was no record that clarification had been sought from the prescriber to ensure the correct timing, frequency and duration of the prescribed medication order. The inspector observed that prescriptions were not always available in order to ensure that medications were administered in accordance with the directions of the prescriber.

The inspector noted that care plans were not always developed when a health care need was identified such as chronic pain; this is covered in outcome 11.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A duplicate book was available to record the medications returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Medication management was discussed at the quarterly staff meetings for nurses including documentation in medication administration records, allergy documentation and the administration of subcutaneous fluids. The training matrix made available to the inspector confirmed that medication management training had been facilitated for nursing staff in 2013 and 2014.

Judgment:

Non Compliant - Moderate

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:

Only the component in relation to medication management was considered as part of this inspection. As outlined in outcome 9, care plans were not always implemented for residents when health care needs were identified. A number of residents were receiving treatment for chronic pain and staff were recording pain scores and analgesia evaluation charts. However, a care plan had not been developed to guide staff in the treatment, monitoring and care of these residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
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

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| Centre name: | D'Alton Community Nursing Unit |
| Centre ID: | OSV-0000643 |
| Date of inspection: | 02/10/2014 |
| Date of response: | 11/11/2014 |

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Analysis, learning from and actions emanating from the quality assurance was lacking in order to ensure continuous improvement.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Currently a Quality report is compiled every 3 - 4 months. Data is gathered from Resident's notes, Nursing Reports, Medication charts, Restraint records, Incident/Accident Register, Dietician reviews, Complaints register and Maintenance log. Clinical, Deceased Residents, Environmental, Infection Control, Health & Safety, Training/Professional Development, Social, Staffing, and Resident dependency are documented within this report. Areas where improvement have taken place are shown, and Corrective Action Plans are compiled to ensure continuous growth.

To expand this report, in future, Admissions and Discharges will also form part of the information within the report.

The report is available to staff and residents. In future relatives will also be included by displaying the report at reception.

Further discussion with the Provider will enable a standardized approach to be implemented in order that a Template may be compiled which will enable inputting of this information.

Proposed Timescale: 31/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Medication administration sheets were left blank at a number of times where medication was due to be administered.

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:

This aspect of Medication management was discussed previously with Nursing Staff. In order that this standard is reached, D.O.N will now discuss medication documentation with each Nurse on an individual basis. This will provide an opportunity for private discussion and support where required. It will also provide an opportunity for evaluation of each individual Nurses knowledge of the medication system which is utilized at the Nursing Home. Where indicated further training in the documentation of medication will be provided.

Proposed Timescale: 30/11/2014

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:

Incomplete medication prescriptions which did not outline the route, frequency or duration of treatment had not been clarified with the prescriber.

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 day before inspection a pharmacy audit had taken place. Prescription charts were in the process of being updated by Pharmacy on the day of inspection. These have now been completed.

Proposed Timescale: 11/11/2014

Theme:

Safe care and support

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

Prescriptions were not always available to staff administering medications.

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:

In addition to the medication kardex, a signed letter from the GP with the list of medications is always available to Staff. All Staff are aware that medication must not be administered without a prescription. Discussion with Nursing Staff has indicated that as a result of audit, charts needed to be updated showing the letters NKDA (no known drug allergy, as this area on medication charts is never left blank) Charts were in the process of being updated by Pharmacy on the day of inspection.

Proposed Timescale: 11/11/2014

Theme:

Safe care and support

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

Maximum doses were not present for some PRN medications.

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:

This information is included on Medication charts by Pharmacy, however this omission was observed prior to inspection, and an immediate Pharmacy audit was requested and carried out on the 1st October 2014. Pharmacy were in the process of rectifying this issue on the day of inspection.

Proposed Timescale: 01/10/2014

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

Care plans had not always been developed for residents when health care needs were identified such as pain.

Action Required:

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

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

Evaluation of Resident's pain is carried out and documented. This information is filed within Medication charts and DML files using the Abbey and Visual Analogue Pain assessment Scale. This enables identification of pain both for residents with cognitive difficulties and for residents who are able to numerically verbalize the level of pain experienced. As an addition to the above pain management each Primary Nurse will now be requested to review each of his/her Resident's documentation in order to ensure that a Care Plan which specifically addresses pain is completed.

Proposed Timescale: 31/12/2014

