

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moorehall Lodge Drogheda
Centre ID:	OSV-0000737
Centre address:	Dublin Road, Drogheda, Meath.
Telephone number:	041 981 8400
Email address:	sean.mccoy@mhliving.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Moorehall Healthcare (Drogheda) Limited
Provider Nominee:	Sean McCoy
Lead inspector:	Jim Kee
Support inspector(s):	Siobhan Kennedy
Type of inspection	Unannounced
Number of residents on the date of inspection:	107
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: 10 March 2016 10:30 To: 10 March 2016 17:50

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

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

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 inspectors 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 15th and 16th of June 2015. The inspectors found that significant improvements had been made in medication management practices, and that measures had been put in place 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 inspectors including certain aspects of documentation relating to the prescribing and administration of medicines, systems to ensure PRN (as required) medicines particularly those required to treat epileptic seizures are available promptly. The

outcome on medication management was found to be in moderate non-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):

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

Findings:

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. Management in the centre were in the process of reviewing the medication management policies to ensure the policy reflected the practices in each of the individual households. The centre had made significant improvements in medication management practices since the last inspection. The inspectors found that certain aspects of medication management practice required further improvement including certain aspects of documentation relating to the prescribing and administration of medicines, and the availability of PRN (as required) 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 the day of the inspection within locked clinical rooms or within locked cupboards in communal areas. 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 secure cabinets, 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 inspectors observed that dates of opening were marked on the majority of medicines when required, including prescribed eye drops, and liquid medicines. However dates of first use were not consistently marked on insulin pen devices to ensure that these devices were not used after the specified expiry period. The inspectors also observed that dates of opening were not consistently marked on opened containers of prescribed nutritional supplements and all eye drops on all households in the centre. The inspectors also observed that PRN (as required) medicines dispensed in blister packs in July 2014

were still in stock due to lack of appropriate indication of the expiry dates.

The inspectors observed the nurse administering medicines to residents as part of the medication round at lunchtime in one of the households. The inspectors 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.
- 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 prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
- There was a discrepancy between one medicine prescribed for one resident and the medicine being dispensed and administered to the resident. The nurse on duty assured the inspector that this issue would be clarified with the prescriber.

The medication management policy included procedures for managing PRN (as required) medicines. There were PRN psychotropic medication plan templates available to document details of the timing of the administration of these medicines and non pharmaceutical interventions used to manage responsive behaviours. The inspectors checked that prescribed PRN (as required) medicines were in stock for a sample of residents. However a PRN medicine prescribed for one resident for administration in the event of the resident having an epileptic seizure could not be located by staff in a timely manner during the inspection.

The centre had policies and procedures in place to facilitate residents to self administer prescribed medicines when appropriate, and inspectors reviewed the assessments in place for one resident who was self administering prescribed inhalers and nebulas at the time of the inspection.

The inspectors read a number of medication reviews that had been completed by the prescribing doctor, nursing staff and the pharmacist.

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, and also conducting medication audits. The audits reviewed by the inspectors contained action plans to address any issues identified.

There were systems in place within the centre for reviewing and monitoring medication management practices, including audits conducted by the pharmacist, and observational studies conducted by management within the centre. The observational studies audits made available to the inspectors were conducted on a regular basis and included review of storage and review of administration practices. The audits were conducted at random times but the inspectors noted that the observational studies did not follow a structured audit format. A medication observation audit had been conducted to assess the level of interruptions during medication administration rounds on a number of the units. Medication incidents including medication errors and 'near miss' medication related incidents were recorded and reviewed within the centre.

Medication management training was provided by the pharmacist. Medication management competency assessments had been completed for a number of the nursing staff but inspectors found that competency assessments had not been completed for all nursing staff at the time of the inspection. The action plan response submitted by the provider in response to the non-compliances identified during the inspection in June 2015 had included the completion of competency assessments for all nurses. The timeframe for completing competency assessments for new nursing staff also required review to ensure that management could be assured of the competency of staff administering medicines. This was discussed with the provider nominee and the person in charge on the day of the inspection.

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:

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:	Moorehall Lodge Drogheda
Centre ID:	OSV-0000737
Date of inspection:	10/03/2016
Date of response:	25/04/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Medication Management

Theme:

Safe Care and Support

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

The 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.
- The maximum dosage of PRN (as required) medicines to be administered in a 24 hour

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

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 prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)

-There was a discrepancy between one medicine prescribed for one resident and the medicine being dispensed and administered to the resident.

A PRN medicine prescribed for one resident for administration in the event of the resident having an epileptic seizure could not be located by staff in a timely manner during the inspection.

1. 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:

1The requirement that all prescribed PRN medication must include the reason for administration on all prescriptions reinforced with GP and nursing staff.

2The requirement that all prescribed PRN medication information must contain maximum dose on all kardexes reinforced with GP and nursing staff.

3The prescribed frequency for all medications is now included in all kardexes for all residents.

4All medications that are prescribed on the medication kardexes are to be prescribed in the generic name and are to be checked and signed at all times by the Household clinical lead, a staff nurse and signed by the GP

5This medication was located on the day of inspection in the clinical room in the Household next door. It has been put back into the resident's individual medication basket. All registered nurses reminded that if medication is to be relocated, this must be firstly discussed with the Care Managers and PIC and our policy and procedure followed in full.

The above actions will also be included in our revised medication management policies.

Proposed Timescale: 30/04/2016

Theme:

Safe Care and Support

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

Date of first use/dates of opening were not being consistently marked on all prescribed medicines and nutritional supplements to ensure that these medicines were not administered to a resident after the specified expiry period. Medicines dispensed in monitored dosage systems that consisted of blister packs dispensed in 2014 were still in

stock available for administration to residents due to lack of appropriate expiry dates.

2. Action Required:

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

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

- 1.All registered nurses reminded that all medicines and nutritional supplements once opened are to have a date of opening sticker applied to the medicine.
- 2.Ongoing random checks are completed by the Care Manager and PIC to ensure full compliance.
- 3.Following the inspection the PIC conducted an internal medication management audit in all 6 Households and audits form part of our Quality Management plan for 2016.
- 4.A meeting scheduled with the pharmacist for April 26th 2016 to review the inspection findings.
- 5.A review of our stock of PRN medication was completed on the 16th April. All stock contains an expiry date.

Proposed Timescale: 30/04/2016