Unannounced Medicines Management Inspection Report
27 June 2016

Owen Mor Care Centre

Type of Service: Nursing Home
Address: 167 Culmore Road, Londonderry, BT48 8JH
Tel No: 028 7135 3631
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Owen Mor Care Centre took place on 27 June 2016 from 9:50 to 14:20.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The management of medicines supported the delivery of safe care. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. No areas for improvement were identified.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area of improvement was identified in relation to the management of distressed reactions and a recommendation was made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were administered their medicines appropriately. No areas for improvement were identified.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicines audit activity. No areas for improvement were identified.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Miss Jean Browne, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent Finance inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 23 May 2016.

2.0 Service details

Registered organisation/registered person: East Eden Ltd/Dr Brendan McDonald	**Registered manager:** Ms Jane Laird
Person in charge of the home at the time of inspection: Miss Jean Browne, Deputy Manager	**Date manager registered:** 5 June 2015
Categories of care: NH-DE, NH-MP, NH-MP(E)	**Number of registered places:** 47

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home
- The management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster indicating that the inspection was taking place was displayed on the front door of the home. The poster invited visitors / relatives to speak with the inspector. During the inspection the inspector met with four patients, four members of staff and one visitor/representative.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 May 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned to RQIA by the home and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of recommendations from the last medicines management inspection dated 8 October 2015

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 29 **Stated:** First time	It is recommended that records of the administration of topical medicines by care staff should be maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of topical medicines were in place.	
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	It is recommended that written policies and procedures for the management of medicines and Standard Operating Procedures for the management of Controlled Drugs should be further developed to ensure they cover all areas of the management of medicines in the home.	**Met**
	Action taken as confirmed during the inspection: There was evidence that policies and procedures had been reviewed and revised following the last inspection to ensure they covered all areas of the management of medicines in the home.	
Recommendation 3 **Ref**: Standard 39 **Stated:** First time	It is recommended that records of care staff training with respect to the administration of topical medicines, nutritional supplements and thickening agents should be maintained.	**Met**
	Action taken as confirmed during the inspection: Records of care staff training were in place.	
Recommendation 4 **Ref**: Standard 28 **Stated:** First time	It is recommended that pharmaceutical advice regarding the suitability of crushing medicines and/or adding them to food or drink should be obtained.	**Met**
	Action taken as confirmed during the inspection: Written guidance regarding the suitability of adding medicines to food or drink had been obtained from the community pharmacist.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management has been provided on a regular basis by the community pharmacist. The most recent training was in relation to palliative care and medicines management.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Robust arrangements were in place for ensuring supplies of acute prescriptions such as antibiotics were obtained and administered in a timely fashion.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. One supply of lidocaine patches had not been marked with the date of opening; this was addressed during the inspection. Staff were reminded that all medicines which have a limited shelf life once opened should be marked with the date of opening.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. A care plan was not maintained and this should be addressed. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place. For one patient, the fluid consistency was incorrectly recorded on the patient's personal medication record. The deputy manager gave assurances that this would be reviewed in consultation with the speech and language therapist.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate records for the administration of high risk medicines and daily stock balance records for medicines not supplied in monitored dosage cassettes.

Practices for the management of medicines were audited throughout the month by the staff and management. An audit schedule is prepared each month to ensure a risk assessment and care plan update is completed for every patient in the home and medicines are audited for each patient by nursing staff. In addition to these monthly audits, the deputy manager also undertakes a comprehensive audit of all areas of medicines management on a monthly basis.

Following discussion with the deputy manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

Areas for improvement

A care plan should be in place for each patient prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Patients who were spoken to advised that they had received their medicines that morning and were able to ask for and had received pain relief when necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One relative in the home advised that their partner who was a patient in the home was "well-cared for" and "very happy". They advised that they had no complaints about the care provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. There was evidence that these had been reviewed and updated in 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice. The deputy manager was reminded that details of any action taken to address discrepancies should be clearly recorded.

Following discussion with the deputy manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

The requirements made at the last medicines management inspection had been addressed.

Staff confirmed that any concerns in relation to medicines management would be raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Miss Jean Browne, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *pharmacists@rqia.org.uk* for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 28 July 2016	The registered provider should ensure that a care plan is in place for each patient prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. **Response by registered person detailing the actions taken:** All patient's records have been reviewed and care plans have been updated to reflect where necessary the need for PRN medications for distressed reactions. All staff nurses have been educated regarding the need to update any new or existing patient's records in relation to any medication change.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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