Unannounced Medicines Management Inspection Report
1 July 2016

Abbey View

Type of Service: Nursing Home
Address: 48 Newtownards Road, Bangor, BT20 4BP
Tel No: 028 9146 9644
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Abbey View took place on 1 July 2016 from 10:15 to 14:00.

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?
Improvements in some areas of the management of medicines are required to ensure 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. However, the temperature of the treatment room and refrigerator must be maintained within the required range. In addition obsolete records should be cancelled and archived. Two requirements were made and one recommendation was stated for the second time.

Is care effective?
Improvements in some areas of the management of medicines are required to ensure the delivery of effective care. Three areas for improvement were identified in relation to the management of liquid form medicines, "when required" medicines and thickening agents. Two requirements and one recommendation were made.

Is care compassionate?
The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely. There were no areas of improvement identified.

Is the service well led?
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 medicine audit activity. There was evidence that action plans were implemented following the home's audits and the registered manager had begun working on some of the areas identified for improvement at this inspection before we had left the home.

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. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 4.2 and 5.0 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Heather Spence, Registered 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 estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 October 2015.

2.0 Service details

Registered organisation/registered provider: Maria Mallaband Ltd Mrs Victoria Craddock	**Registered manager:** Ms Heather Spence
Person in charge of the home at the time of inspection: Ms Heather Spence	**Date manager registered:** 19 January 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 25

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 at the front of the home and invited visitors/relatives to speak with the inspector. No-one availed of this opportunity.

We met with one patient, the registered manager, two registered nurses and two care assistants.

A sample of the following records was examined:

- 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 on 13 October 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned. The estates support officer carried out a follow up visit on 13 April 2016 to review the position in relation to the issues contained in the Quality Improvement Plan for the last estates inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 10 October 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must closely monitor the administrations of the four medicines that produced unsatisfactory audit outcomes, in order to ensure compliance with the prescriber's' instructions.	**Met**
	Action taken as confirmed during the inspection: Two of the medicines were no longer prescribed. The audits which were completed on the remaining two medicines produced satisfactory outcomes.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The dose of prednisolone, prescribed for one patient, must be clearly recorded on the personal medication record and medication administration record sheets.	**Met**
	Action taken as confirmed during the inspection: This had been completed following the last medicines management inspection. Prednisolone was not currently prescribed for any patients.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The times of administration of bisphosphonates must be accurately recorded.	**Met**
	Action taken as confirmed during the inspection: The times recorded for the administration of bisphosphonates had been accurately recorded on the majority of records reviewed. The registered manager advised that this would be closely monitored.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	Running stock balances of warfarin preparations should be maintained.	**Met**
	Action taken as confirmed during the inspection: Running stock balances were being recorded for warfarin. However, although the audits completed at this inspection produced satisfactory outcomes, one stock balance had been inaccurately recorded. The registered manager advised that the recording sheets would be amended and that only one supply of warfarin tablets would be in use for each patient in order to facilitate accurate counts and identification of errors. The recommendation has therefore not been restated.	
Recommendation 2 **Ref:** Standard 38 **Stated:** First time	Obsolete personal medication record sheets and warfarin dosage form should be archived.	**Not Met**
	Action taken as confirmed during the inspection: Obsolete personal medication record sheets and warfarin dosage forms had not been cancelled and archived. This recommendation is stated for a second time.	
Recommendation 3 **Ref:** Standard 38 **Stated:** First time	If a patient has more than one personal medication record sheet in use, this should be specified on each sheet.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that this practice is observed. However, currently patients only required one recording sheet.	

Recommendation 4 **Ref**: Standard 38 **Stated:** First time	Care staff should record the use of thickening agents.	**Not Met**
	Action taken as confirmed during the inspection: Care staff advised that they did not record the administration of thickening agents. Due to shortfalls in other aspects of the management of thickening agents this recommendation has been incorporated into a requirement.	

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. The registered manager advised that refresher training on syringe drivers and enteral feeding would be requested if the need arose.

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.

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. Additional checks were also performed on other controlled drugs at weekly intervals which is good practice.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts for warfarin was acknowledged. The registered manager agreed to amend these administration sheets to include the running stock balances in order to facilitate the identification of any discrepancies without delay. For one patient insulin dosage directions had been abbreviated and the date of opening had not been recorded; it was acknowledged that this was an oversight as robust systems were in place for other patients. The registered manager advised that this would be discussed with all registered nurses.

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. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The registered manager agreed to ensure that inhaler spacer devices were replaced when necessary. Medicine refrigerators and oxygen equipment were checked at regular intervals. However, the readings for the minimum and maximum temperatures were consistently 3^{o}C and 12^{o}C, indicating that the thermometer was not being reset each day and that staff did not take corrective action when temperatures outside the accepted range were observed. Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C. Medicines within the refrigerator included insulin, eye drops and creams. If these medicines are not stored in accordance with the manufacturers' specifications it may affect their stability and efficacy. The temperature of the treatment room was observed to be consistently above 25^{o}C. Two requirements were made.

Areas for improvement

The refrigerator temperature must be maintained between 2^{o}C and 8^{o}C. The thermometer must be reset each day after the temperatures have been recorded. A requirement was made.

The temperature of the treatment room must be maintained below 25^{o}C. A requirement was made.

Obsolete personal medication record sheets and warfarin dosage forms should be archived. A recommendation is stated for the second time.

Number of requirements	2	Number of recommendations	1

4.4 Is care effective?

With the exception of two liquid form medicines the sample of medicines examined had been administered in accordance with the prescriber's instructions. A requirement was made.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

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. Although care plans were in place, not all referenced the prescribed medicines. The reason for and the outcome of administration were not being recorded on all occasions. 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 the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. Care plans were maintained; it was agreed that the care plans would be updated to include the cause of the pain. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was examined. The registered manager advised that training had been provided for all staff. Care plans and speech and language assessment reports were in place. However it was noted that thickening agents had not always been accurately recorded on the personal medication records; care staff were unable to confirm which thickener patients were prescribed. Records of administration by registered nurses and care assistants were either missing or incomplete. It could therefore not be determined that these medicines were being used. A requirement was made.

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.

The majority of medicine records were well maintained and facilitated the audit process. However, some records of administration were unclear as registered nurses were not circling non- administration codes; it was agreed that non-administration codes would be circled to denote them from signatures.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines and inhaled medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The registered provider must ensure that the administration of liquid form medicines is closely monitored. A requirement was made.

The management of thickening agents should be reviewed and revised to ensure that accurate records of prescribing and administration are maintained. A requirement was made.

The management of distressed reactions should be reviewed and revised to ensure that:

- detailed care plans are in place
- the reason and outcome of each administration are recorded

A recommendation was made.

Number of requirements	2	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 were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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. Management advised that these were reviewed regularly. 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. There was evidence that the registered manager was currently working through the findings of a recent audit which had been completed by the community pharmacist.

Following discussion with the registered 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, however, two of the four recommendations had not been addressed. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all staff.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Heather Spence, Registered 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 Provider

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 the completed QIP to *pharmacists@rqia.org.uk .*

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

Statutory requirements	
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** **1 August 2016**	The registered provider must ensure that the refrigerator temperature is maintained between 2°C and 8°C. The thermometer must be reset each day after the temperatures have been recorded.
	Response by registered provider detailing the actions taken: New thermometer ordered from boots however since new air conditioning it appears to be reading correct temperatures
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** **1 August 2016**	The registered provider must ensure that the temperature of the treatment room is maintained below 25°C.
	Response by registered provider detailing the actions taken: New air conditioning fitted and running at correct temperatures
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** **1 August 2016**	The registered provider must ensure that the administration of liquid form medicines is closely monitored.
	Response by registered provider detailing the actions taken: New forms in place separate from marrs to do a running total of all liquid form medications and a running total logged at bottom of marr sheet.

Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** **1 August 2016**	The registered provider must review the management of thickening agents to ensure that accurate records of prescribing and administration are maintained.
	Response by registered provider detailing the actions taken: All staff have renewed their competencys in regards to thick and easy and have a new form in place to fill in daily when preparing any drinks for residents
Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time **To be completed by:** **1 August 2016**	Obsolete personal medication record sheets and warfarin dosage forms should be archived.
	Response by registered provider detailing the actions taken: All archived and deputy will check this regularly
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** **1 August 2016**	The registered provider should review the management of distressed reactions as detailed in the report.
	Response by registered provider detailing the actions taken: Staff are all aware that this has to be done and now a separate form is in place to document as well as marr sheet

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