Unannounced Medicines Management Inspection Report
5 July 2016

Abingdon Manor Care Centre

Type of Service: Nursing Home
Address: 949 Crumlin Road, Belfast, BT14 8FG
Tel No: 028 9071 7878
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Abingdon Manor Care Centre took place on 5 July 2016 from 10.00 to 14.50.

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

It should be noted that Abingdon Manor Care Centre is now registered with RQIA as one service (RQIA ID: 1049) rather than four separate services (RQIA IDs: 1273, 1284, 1313 and 1049).

Is care safe?
There was evidence that the management of medicines supported the delivery of safe care and promoted the delivery of positive outcomes for patients. Staff were trained and competent and there were robust processes for the management of changes to medicines and management of high risk medicines. No requirements or recommendations have been made.

Is care effective?
There was evidence that the management of medicines supported the delivery of effective care for patients. There were systems in place to ensure that patients were administered their medicines as prescribed. Robust arrangements were in place for the management of pain and distressed reactions. No requirements or recommendations have been made.

Is care compassionate?
There was evidence that the management of medicines supported the delivery of compassionate care. Staff interactions with patients were observed to be compassionate, caring and timely. No requirements or recommendations have been made.

Is the service well led?
There was evidence that the service was well led with respect to the management of medicines. There were robust systems to manage and share the learning from medication audits and medicine related incidents. No requirements or recommendations have been made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Claire Moore, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions which will be detailed in the QIP there were no further actions required to be taken following the inspection on 21 June 2016.

2.0 Service details

Registered organisation/registered provider: Abingdon Manor Care Centre Ltd Mr Colin Nimmon	**Registered manager:** Mrs Claire Moore
Person in charge of the home at the time of inspection: Mrs Claire Moore	**Date manager registered:** 18 June 2013
Categories of care: NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI	**Number of registered places:** 60

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 and invited visitors/relatives to speak with the inspector. No one availed of the opportunity.

We met with two patients, two care assistants, four registered nurses and the registered manager.

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 21 June 2016

The most recent inspection of the home was an unannounced care inspection. The report will be issued to the home within the required timeframe.

4.2 Review of requirements and recommendations from the last medicines management inspections dated 5 August 2013 and 7 February 2014

Medicines management inspection of Antrim, Down and Armagh Suites 5 August 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must review the ambient temperature of the treatment room to ensure that it remains below 25 ºC. RQIA must be informed of the action taken to address this matter.	**Met**
	Action taken as confirmed during the inspection: Air conditioning units were now in place. The temperature was being maintained below 25 ºC.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	All medicines, including nutritional supplements, must be stored in a locked room under the direct control of the nursing staff.	**Met**
	Action taken as confirmed during the inspection: Medicines, including nutritional supplements, were observed to be stored securely in locked cupboards/rooms, under the direct control of the nursing staff.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must investigate the apparent discrepancy in the administration of Tildiem 60mg tablets. The prescriber must be contacted for guidance if necessary. A report of the findings must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The outcome of the investigation and action taken to prevent a recurrence was detailed in the returned QIP.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the maximum, minimum and current refrigerator temperatures are accurately monitored and recorded each day.	**Met**
	Action taken as confirmed during the inspection: The maximum, minimum and current refrigerator temperatures were observed to be monitored and recorded each day; satisfactory readings were observed.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	In the interests of safe practice daily running balances should be maintained for warfarin tablets.	**Met**
	Action taken as confirmed during the inspection: Daily running balances were maintained for warfarin tablets.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that written authorisation is obtained from the prescriber when medicines are administered outside their product licence.	**Met**
	Action taken as confirmed during the inspection: Written authorisation was observed to be in place for the administration of medicines outside their product licence.	

Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that appropriate safe handling information is available for staff when cytotoxic medicines are prescribed.	**Met**
	Action taken as confirmed during the inspection: This information was made available following the last medicines management inspection; cytotoxic medicines were not currently prescribed.	
Recommendation 4 **Ref:** Standard 38 **Stated:** First time	In the interests of safe practice two nurses should verify and sign all hand- written updates on the MARs sheets.	**Met**
	Action taken as confirmed during the inspection: Two nurses had verified and signed some but not all hand- written updates on the medication administration records (MARs). The registered manager and registered nurses advised that this was the expected practice in the home and that it would be closely monitored; the recommendation has not been stated for a second time due to the assurances given.	

Medicines management inspection of Londonderry, Tyrone and Fermanagh Suites (7 February 2014)

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	All medicines, including nutritional supplements and enteral feeds must be stored in a locked room under the direct control of the nursing staff.	**Met**
	Action taken as confirmed during the inspection: All medicines, including nutritional supplements and enteral feeds were stored in locked rooms under the direct control of the nursing staff.	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must ensure that all apparent discrepancies in the controlled drug record book are investigated and reported to the appropriate authorities if an error is identified.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the standard of maintenance of the controlled drug record books was being monitored. No discrepancies were noted on the day of the inspection.	
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that accurate records for the administration of thickening agents by care staff are maintained.	**Met**
	Action taken as confirmed during the inspection: Records of administration were being recorded in the daily fluid charts.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	Obsolete warfarin faxes should be cancelled, removed from the medicines file and securely archived.	**Met**
	Action taken as confirmed during the inspection: Some warfarin faxes had not been cancelled, removed from the medicines file and securely archived. The registered manager and staff advised that this would be completed before the end of the day and a memo sent to all staff. Due to the assurances given this recommendation was not stated for a second time.	
Recommendation 2 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure that two nurses verify and sign hand-written updates on the medication administration records (MARs).	**Met**
	Action taken as confirmed during the inspection: Two nurses had verified and signed some but not all hand- written updates on the MARs. The registered manager and registered nurses advised that this was the expected practice in the home and that it would be closely monitored; the recommendation has not been stated for a second time due to the assurances given.	

Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that fluid intake charts are accurately completed and totalled each day to ensure that the recommended fluid intake has been administered.	**Met**
	Action taken as confirmed during the inspection: Fluid intake charts were accurately completed and had been totalled each day to ensure that the recommended fluid intake had been administered.	
Recommendation 4 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that dates and times of opening are recorded on all medicine containers in order to facilitate audit and disposal at expiry.	**Met**
	Action taken as confirmed during the inspection: Dates and times of opening had been recorded on medicine containers in order to facilitate audit and disposal at expiry.	

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 was provided in March 2016.

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 were updated by two registered nurses. It was noted that some handwritten entries on medication administration records had not been updated by two registered nurses. The registered manager and registered nurses advised that this was the expected practice in the home and that it would be closely monitored to ensure adherence.

There were procedures in place to ensure the safe management of medicines during a patient's admission to 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 which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The dose of insulin had been abbreviated on one record; this was discussed with the four registered nurses on duty and the registered manager advised that all registered nurses would be reminded that the insulin dosages should not be abbreviated.

Appropriate arrangements were in place for the management of medicines via the enteral route. Separate files were in place and all details were recorded in a comprehensive manner.

Detailed epilepsy management plans were in place for the relevant patients.

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. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

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. 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. The reason for and the outcome of administration were recorded. Detailed care plans were in place.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Each patient had a pain protocol on the medicines file which detailed their prescribed medicines, the reason for their pain and how they expressed their pain. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Detailed care plans were in place. Staff also advised that a pain assessment was 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. Care plans and speech and language assessment reports were in place. Administration was recorded on the MARs and daily fluid charts.

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 the pain protocols and level of detail recorded in care plans for the management of pain, epilepsy, swallowing difficulties and distressed reactions. Forms had been developed to facilitate the maintenance of accurate records of administration of external preparations by care staff.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for several solid dosage medicines and inhaled medicines. The accuracy of the personal medication records was audited each month. 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

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

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 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.

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; they had been updated recently and were available in the treatment rooms. 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 home's 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. Action plans from recent audits were available in the treatment rooms. The required improvements had been implemented.

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 registered nurses were knowledgeable with regards to each patients needs and were very engaged in the inspection process as they wanted to drive improvement.

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

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all registered nurses through team meetings and individually.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews