Unannounced Medicines Management Inspection Report
28 June 2016

Bethany

Type of Service: Nursing Home
Address: 69 Osborne Park, Belfast, BT9 6JP
Tel No: 028 9066 5598
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Bethany took place on 28 June 2016 from 09:40 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?

Improvements in some areas of the management of medicines are required to ensure the delivery of safe care. Registered nurses were trained and been deemed competent to administer medicines. However, records of training and competency assessments were not in place for care assistants who have been delegated medication related tasks. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Three areas for improvement in relation to training records for care assistants and the secure storage of medicines were made.

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. Two areas for improvement were identified in relation to the management of "when required" medicines and thickening agents. Two recommendations have been 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. However, there was no evidence that improvements were implemented when poor outcomes were observed in the home's audits. Shortfalls which had been identified in the management of external preparations had not been addressed. In addition, not all of the requirements and recommendations from the last medicines management inspection had been addressed.

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 the 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	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Maura McIntyre, Acting 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 February 2016.

2.0 Service details

Registered organisation /registered provider: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Maura McIntyre (Acting Manager)	**Date manager registered:** Acting Manager – no application required
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 40

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

We met with the acting manager, the deputy manager, the nursing sister, one registered nurse, three care assistants and one patient's relative.

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.

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 19 February 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 April 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** Third time	The necessary arrangements must be made to ensure that medicines are stored at the temperature specified by the manufacturer. A system must be in place to report any deviation from the accepted range of +2ºC to +8ºC.	**Met**
	Action taken as confirmed during the inspection: The records of refrigerator temperatures indicated that the temperature was being maintained within the accepted range. The thermometer was being reset each day.	
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that records of training and competency are maintained for each member of care staff who is responsible for the administration of external preparations.	**Not Met**
	Action taken as confirmed during the inspection: These records were not available. This requirement has been stated for a second time.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must develop and implement a robust system for the management of external preparations.	**Not Met**
	Action taken as confirmed during the inspection: Although a weekly auditing system was in place there was no evidence that these audits had been reviewed by management and the areas identified for improvement had not been addressed. This requirement has been stated for a second time.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered manager must ensure that all nurses are provided with training in the management of the cold storage of medicines, including the use of refrigerator thermometers.	**Met**
	Action taken as confirmed during the inspection: Records of the training which was provided in June 2013 were available for inspection.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 38 **Stated:** Second time	Controlled drugs which are returned to the pharmacy for disposal should be recorded in the returns book as well as the controlled drug record book.	**Met**
	Action taken as confirmed during the inspection: Controlled drugs are no longer returned to the pharmacy for disposal. They are now denatured prior to disposal in a bin provided by a waste management company. Records are maintained in both books.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	A list of the names, signatures and initials of relevant care staff responsible for delegated medicine tasks should be maintained.	**Not Met**
	Action taken as confirmed during the inspection: This list was not in place. This recommendation has been stated for the second time.	

Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The registered manager should further develop the auditing process to ensure this covers all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: The home's auditing system does cover all aspects of the management of medicines. However there was no evidence that management had reviewed the audits to ensure that the issues identified were addressed. The recommendation as written has been met but a revised recommendation has been made.	
Recommendation 4 **Ref**: Standard 38 **Stated:** First time	The registered manager should closely monitor the maintenance of personal medication records.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the standard of maintenance of the personal medication records was being monitored. Up to date personal medication records were in place.	
Recommendation 5 **Ref**: Standard 38 **Stated:** First time	The registered manager should review the disposal of medicines process to ensure that two nurses are involved in the disposal of each medicine and both nurses sign the record.	**Met**
	Action taken as confirmed during the inspection: Recent entries in the disposal book had been verified and signed by two registered nurses.	
Recommendation 6 **Ref**: Standard 39 **Stated:** First time	The registered manager should review the storage arrangements of medicines to ensure there is adequate space to enable segregation of each patient's medicines.	**Met**
	Action taken as confirmed during the inspection: There was adequate space to enable segregation of each patient's medicines.	

4.3 Is care safe?

The acting manager advised that registered nurses usually receive annual update training on the management of medicines. An induction process was in place for registered nurses. For registered nurses the impact of training was monitored through supervision and annual appraisal; competency assessments were completed annually. However, there were no records to indicate that care staff had received training and been deemed competent to administer external preparations. A list of the names, signatures and initials of care staff who are responsible for delegated medicine tasks was not in place. One requirement and one recommendation which were made at the last medicines management inspection have been made for a second time.

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. Entries on the personal medication records had been verified and signed by two registered nurses. However the majority of handwritten updates on the medication administration records had not been verified and signed by two registered nurses. It was agreed that this would be closely monitored.

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

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

The management of medicines via the enteral route was examined. The care plan for medicines did not detail how each medicine was to be administered. It was agreed that the care plan would be updated.

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

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. However the doors to treatment rooms were unlocked; this provided unauthorised access to medicines on the work surfaces and in the refrigerator. One oxygen cylinder was being used to prop open a fire door. The chain to attach the cylinder to the wall was broken. Nutritional supplements were stored in an unlocked cabinet in the dining room. Medicines must be stored securely at all times. A requirement was made.

Areas for improvement

The registered manager must ensure that records of training and competency are maintained for each member of care staff who is responsible for the administration of external preparations. A requirement was stated for the second time.

Medicines must be stored securely at all times. A requirement was made.

A list of the names, signatures and initials of relevant care staff responsible for delegated medicine tasks should be maintained. A recommendation was stated for the second time.

Number of requirements	2	Number of recommendations	1

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, 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. Care plans were in place. However the reason and outcome of administration was not being recorded. In addition, for one patient the medicine was being administered regularly and it had not been reviewed by the prescriber. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. The deputy manager advised that a pain assessment is completed as part of the admission process. 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 in place but they did not detail which medicines were being used and the reason for the pain. It was agreed that the care plans would be updated to include this information.

The management of swallowing difficulty was examined. Care plans and speech and language assessment (SALT) reports were in place. Details were recorded on the personal medication records and administration was recorded on the medication administration records and daily fluid charts. Care assistants confirmed that they had received training on the use of thickening agents as part of their induction. However, for one patient the required consistency level recorded in the care plan and SALT assessment did not correlate with the personal medication record and medication administration record. Records of administration by care assistants were not being maintained. These issues had not been identified in the home's weekly audit. A recommendation 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. This was evidenced during the inspection.

Medicine records were well maintained and facilitated the audit process. The personal medication records had been rewritten recently. The nursing sister advised that she would cancel and archive the obsolete personal medication records.

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

Areas for improvement

The management of medicines which are prescribed to be administered "when required" for distressed reactions should be reviewed and revised to ensure that:

- the reason and outcome of each administration are recorded on all occasions
- regular administration is referred to the prescriber

A recommendation was made.

The management of thickening agents should be reviewed and revised to ensure that:

- the required consistency level is accurately recorded on all records
- accurate records of administration are maintained by care staff

A recommendation was made.

Number of requirements	0	Number of recommendations	2

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.

We spoke with one patient's relative who raised concerns regarding the management of complaints, some of the care practices and the ongoing changes in management. The acting manager was aware of these concerns and the information was forwarded to the care inspector.

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 these incidents.

Practices for the management of medicines were audited throughout the month by the registered nurses. This included running stock balances for several solid dosage medicines and inhaled medicines as well as audits on the management of thickening agents and external preparations. A review of the audits for thickening agents and external preparations indicated that although discrepancies had been identified, they had not been investigated and corrective action had not been taken; this indicated that the governance arrangements in the home were not robust. One requirement has been stated for the second time and a recommendation has been made.

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

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. 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 staff either individually or at staff handovers.

Areas for improvement

The registered manager must develop and implement a robust system for the management of external preparations. A requirement was made for the second time.

Poor audit outcomes should be investigated and discussed with staff for learning and improvement. A recommendation was made.

Number of requirements	1	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Maura McIntyre, Acting 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* 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

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 28 July 2016	The registered manager must ensure that records of training and competency are maintained for each member of care staff who is responsible for the administration of external preparations.
	Response by registered provider detailing the actions taken: Training has been scheduled and is currently ongoing for all care staff this will be updated on an annual basis. Competency assessments are in the process of being completed for all staff involved in the application of external preparations.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 28 July 2016	The registered manager must develop and implement a robust system for the management of external preparations.
	Response by registered provider detailing the actions taken: Home Manager has reviewed audit processes, audits are undertaken on a weekly basis, from this process an action plan learning will be devised and communicated to all staff..
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 28 July 2016	The registered provider must ensure that all medicines, including nutritional supplements, are stored securely.
	Response by registered provider detailing the actions taken: Storage has been reviewed and the cupboard currently being used has had a secure lock fitted.
Statutory recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be completed by:** 28 July 2016	A list of the names, signatures and initials of relevant care staff responsible for delegated medicine tasks should be maintained.
	Response by registered provider detailing the actions taken: A list is being complied as care staff receive training, until all training is completed nursing staff are applying external preparations.

Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 28 July 2016	The registered provider should review and revise the management of distressed reactions as detailed in the report.
	Response by registered provider detailing the actions taken: Care plans have been reviewed and revised where necessary for residents who exhibit distressed reactions. Home Manager/Deputy will continue to monitor and undertake regular care plan audits
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 28 July 2016	The registered provider should review and revise the management of thickening agents as detailed in the report.
	Response by registered provider detailing the actions taken: Residents who are prescribed thickening agents care plans have been reviewed and instructions given by SALT are reflected and correlate with Medication Record and MARS. Records maintained by care staff are monitored by management team on a daily basis to ensue that all relevant information including use of thickening agents is recorded.
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 28 July 2016	The registered provider should ensure that shortfalls in the management of medicines which are identified within the home's audit process are investigated and discussed with staff for learning and improvement.
	Response by registered provider detailing the actions taken: Home Manager discusses with nusing and care staff audit outcomes, shortfall identified and remedial action plan. Training and supervision are in place to support nursing and care staff comply with required standards, legislation and best practice guidelines.

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