

Unannounced Medicines Management Inspection Report

12 and 13 September 2016



Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Helen Mulligan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of name of Hillcrest Care Facility took place on 12 September from 10:30 to 15:00 and on 13 September 2016 from 09:00 to 12:45.

On 15 June 2016, Hillcrest nursing home merged with Hillview Lodge nursing home and the home was registered as Hillcrest Care Facility, with a total of 76 beds. The inspection sought to assess progress with any issues raised during and since the previous inspections of Hillcrest on 9 November 2015 and Hillview Lodge 28 September 2015 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. 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. Areas for improvement were identified in relation to the admission procedure, the storage and security of medicines and the management of controlled drugs and enteral feeding tubes. Two requirements and four recommendations 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. No areas for improvement were identified.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. 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 medicine 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Hillcrest Care Facility which provides both nursing and residential care.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Julie Taylor, 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 medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 November 2015. The QIP was reviewed and validated by the medicines management inspector during this inspection.

2.0 Service details

Registered organisation/registered person: Knockmoyle Lodge Ltd / Mrs Therese McGarvey	Registered manager: Mrs Julie Ann Elizabeth Taylor
Person in charge of the home at the time of inspection: Mrs Julie Ann Elizabeth Taylor	Date manager registered: 1 October 2009
Categories of care: NH-I, NH-PH, NH-DE, RC-DE, RC-I	Number of registered places: 76

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 nine residents, one care assistant, three registered nurses, the registered manager and three relatives of patients in the home.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector.

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 9 November 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection of Hillcrest dated 9 November 2015 and last medicines management inspection of Hillview Lodge dated 28 September 2015

Last medicines management inspection of Hillcrest statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be Completed by: 7 December 2015</p>	<p>The registered manager must review and revise the storage arrangements for medicines for external use in the upper and middle floor units of the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The treatment rooms were generally tidy and well organised. Additional storage cupboards have been installed and there was a separate storage area for medicines for external use.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be Completed by: 7 December 2015</p>	<p>The registered manager must ensure that all designated members of staff have been trained and deemed competent to read and re-set the refrigerator thermometers.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Staff on duty were able to read and re-set the refrigerator thermometers. The registered manager confirmed that update training was provided.</p>	Met

Last medicines management inspection of Hillcrest recommendations		Validation of compliance
Recommendation 1 Ref: Standard 37 Stated: Second time To be Completed by: 7 December 2015	The registered manager should review and revise the ordering process for medicines to ensure that prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing.	Met
	Action taken as confirmed during the inspection: The written policy and procedures for ordering medicines have been updated. A copy of current prescriptions was kept in the home. All medicines were in stock at the time of this inspection. Staff were not checking prescriptions against the order before they are forwarded to the pharmacist for dispensing. The registered manager provided assurances that this would be addressed following the inspection. As a result of these assurances and the progress made towards addressing this recommendation, it has been assessed as met and is not re-stated in this report.	
Recommendation 2 Ref: Standard 28 Stated: First time To be Completed by: 7 December 2015	The auditing process should be further developed to ensure it covers 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 for auditing medicines have been reviewed and revised and that the audit process now covers all areas of the management of medicines.	
Recommendation 3 Ref: Standard 30 Stated: First time To be Completed by: 7 December 2015	Bisphosphonate medicines should be administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: Records showed that these medicines have been administered 30 minutes clear of food and other medicines in accordance with the manufacturer's instructions.	

<p>Recommendation 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>Where medication is prescribed on a “when required” basis for the management of distressed reactions, the care plan should clearly identify the parameters for administration.</p> <hr/> <p>Action taken as confirmed during the inspection: Comprehensive care plans were in place.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>Comprehensive care plans for pain management should be in place and approved pain tools should be used where appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: Comprehensive care plans were in place. Pain management tools have been used as part of the admission process for new patients and where appropriate.</p>	<p>Met</p>

Last medicines management inspection of Hillview Lodge statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(4) Stated: Second time To be Completed by: 28 October 2015	<p>The registered manager must ensure that all staff are trained and competent to use the medicines refrigerator thermometer and that the temperature of the medicines refrigerator is kept within the recommended limits for cold storage of medicines.</p>	Met
	<p>Action taken as confirmed during the inspection: Staff on duty were able to read and re-set the refrigerator thermometers. The registered manager confirmed that update training was provided.</p> <p>The majority of recorded temperature readings were within the recommended limits. The registered manager had identified that one medicine refrigerator was not always being maintained at the correct temperature, despite being recently serviced, and a replacement refrigerator was received into the home on the day of the inspection.</p>	
Requirement 2 Ref: Regulation 13(4) Stated: First time To be Completed by: 28 October 2015	<p>The registered person must review and revise the policy and procedures for ordering medicines to ensure the home is in control of the ordering process and supplies of all prescribed medicines are available for administration.</p>	Met
	<p>Action taken as confirmed during the inspection: The written policy and procedures for ordering medicines have been updated. A copy of current prescriptions was kept in the home. No out of stock medicines were noted during the inspection. Staff are not checking prescriptions against the order before they are forwarded to the pharmacist for dispensing. The registered manager provided assurances that this would be addressed following the inspection. As a result of these assurances and the progress made towards addressing this requirement, it has been assessed as met and is not re-stated in this report.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>The registered person must investigate why a bisphosphonate medicine had not been administered for three consecutive weeks and forward a report of the findings to RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A satisfactory report was forwarded to RQIA. The result of audits undertaken during the inspection indicated bisphosphonate medicines have been administered as prescribed.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>The registered person must investigate why a prescribed medicine was out of stock for one patient for a period of six days and forward a report of the findings to RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A satisfactory report was forwarded to RQIA. No out of stock medicines were noted during the inspection audit.</p>		
<p>Last medicines management inspection of Hillview Lodge recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> <p>To be Completed by: 28 October 2015</p>	<p>The registered manager should ensure that the management of thickening agents is subject to regular audit/monitoring.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Thickening agents were being managed appropriately. The registered manager confirmed that these medicines have been subject to regular audit.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>It is a recommendation that the registered person should ensure records of medicines requested and received are adequately maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The majority of records of medicines received were adequately maintained.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>It is a recommendation that the registered person should review the management of distressed reactions for patients in the home to ensure comprehensive care plans are in place and the reason why a medicine was administered and the noted outcome are clearly recorded in the patient's notes on each occasion.</p> <hr/> <p>Action taken as confirmed during the inspection: Comprehensive care plans were in place. Records of administration were maintained but the reason for administration and the noted outcome was not always recorded. The registered manager advised this would be addressed. As a result of the progress made to address this recommendation and assurances provided by the registered manager, this recommendation has been assessed as met and is not re-stated in this report.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>It is a recommendation that the registered person should review and revise the management of pain for patients in the home to ensure comprehensive care plans are in place.</p> <hr/> <p>Action taken as confirmed during the inspection: Comprehensive care plans were in place.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>It is a recommendation that the registered person should ensure care plans are updated when there are changes to a patient's medication and/or care needs.</p> <hr/> <p>Action taken as confirmed during the inspection: Comprehensive and current care plans were in place.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>It is a recommendation that the registered person should ensure the medicines refrigerator is kept locked when not in use.</p> <hr/> <p>Action taken as confirmed during the inspection: Not all of the medicine refrigerators were kept locked.</p> <p>This recommendation was stated for the second time.</p>	<p>Not Met</p>

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.

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. The majority of personal medication records were updated by two registered nurses. This safe practice was acknowledged.

The admission procedure was not robust. Staff had obtained a list of current medicines from the prescriber for a recently admitted patient but this had not been kept in the home. A record of medicines received on admission was not maintained. Arrangements must be in place to ensure the safe management of medicines during admission. A requirement was made.

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.

A bag containing medicines for one patient, including a supply of Morphine sulphate 10mg/ml injections (a controlled drug), was found in one of the medicine cupboards. These medicines had been ordered for the patient by the palliative care team and had not been required. The medicines were removed for disposal and the controlled drug was denatured and disposed of. Staff were reminded that Schedule 2 controlled drugs must be stored in the controlled drugs cabinet and discontinued medicines must be removed for disposal at the earliest opportunity. Records of supplies of Schedule 2 controlled drugs received and disposed of must be maintained in the controlled drugs records book. The registered person must ensure that there are robust procedures in place for the management of controlled drugs. A requirement was made.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged. The administration of medicines through enteral feeding tubes was discussed. Written authorisation to administer these medicines via this route has not been obtained from the prescriber and methods of administration have not been recorded in the care plans. These issues should be addressed. A recommendation was made.

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 were checked at regular intervals. Oxygen cylinders were not chained to the wall when not in use, masks and tubing were not covered when not in use and signage was not posted in all areas where oxygen is stored or in use. The management of oxygen should be reviewed and revised. A recommendation was made. The medicines trolley in the upstairs unit was not chained to the wall when not in use as the chain was broken. This should be addressed. A recommendation was made. Medicine refrigerators were not always kept locked. A recommendation made at the previous inspection was re-stated.

Areas for improvement

Arrangements must be in place to ensure the safe management of medicines during admission. A requirement was made.

Robust procedures must be in place for the management of controlled drugs. A requirement was made.

Written authorisation to administer medicines via enteral feeding tubes should be obtained and the method of administration of each medicine should be detailed in the patient's care plan. A recommendation was made.

The management of oxygen should be reviewed and revised. A recommendation was made.

Medicine trolleys should be chained to the wall when not in use. A recommendation was made.

Medicine refrigerators should be kept locked. A recommendation was stated for the second time.

Number of requirements:	2	Number of recommendations:	4
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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 not always recorded; the registered manager provided assurances that this would be addressed. A care plan was maintained.

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 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. Administration was recorded and care plans and speech and language assessment reports were in place.

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.

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, nutritional supplements and inhaled medicines.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the management of medicines for patients in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 spoken to advised:

"I'm very well looked after."

"I got my tablets this morning."

"I can ask for tablets when I have pain."

"That is a very good nurse."

"I had breakfast this morning, it was very good."

One relative spoken to advised:

"I'm very happy with the care provided here."

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
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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 on a regular basis. 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.

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.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Julie Ann Taylor, 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 completed QIP to pharmacists@rqia.org.uk for assessment 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: First time To be completed by: 11 October 2016	The registered provider must ensure that robust arrangements are in place to facilitate the safe management of medicines during admission.
	Response by registered provider detailing the actions taken: Staff nurses reminded to ensure all drugs are receipted appropriately on admission. Copy of doctors list of medicines must also be held in file.
Requirement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 11 October 2016	The registered provider must ensure that robust arrangements are in place for the management of controlled drugs.
	Response by registered provider detailing the actions taken: Staff nurses reminded that all controlled drugs must be registered in Control Drug Book and individual medication record.
Recommendations	
Recommendation 1 Ref: Standard 30 Stated: Second time To be completed by: 11 October 2016	It is a recommendation that the registered person should ensure the medicines refrigerator is kept locked when not in use.
	Response by registered provider detailing the actions taken: Locks put onto all fridges and staff advised that they must be kept locked.
Recommendation 2 Ref: Standard 30 Stated: First time To be completed by: 11 October 2016	The registered provider should review and revise the management and storage of oxygen cylinders.
	Response by registered provider detailing the actions taken: Oxygen cylinders now chained to the wall.
Recommendation 3 Ref: Standard 30 Stated: First time To be completed by: 11 October 2016	The registered provider should ensure that medicine trolleys are chained to the wall when not in use.
	Response by registered provider detailing the actions taken: New chain put into treatment room on 1 st floor.

<p>Recommendation 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2016</p>	<p>The registered provider should ensure that written authorisation to administer medicines via enteral feeding tubes is obtained from the prescriber and the method of administration of each medicine should be detailed in the patient's care plan.</p> <hr/> <p>Response by registered provider detailing the actions taken: Detailed method of administration for each medicine documented and all staff aware authorisation letter received from GP.</p>
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The Regulation and
Quality Improvement
Authority

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

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