Unannounced Medicines Management Inspection Report
11 June 2018

Three Rivers Care Centre

Type of Service: Nursing Home
Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 9YD
Tel No: 028 8225 8227
Inspectors: Helen Daly

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 56 beds that provides care for patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Registered organisation/ Registered Provider: Zest Care Homes Ltd **Responsible Individual:** Mr Philip Scott	**Registered Manager:** See below
Person in charge of the home at the time of inspection: Mrs Charlene Parkin	**Date manager registered:** Mrs Charlene Parkin - Acting – no application required
Categories of care: Nursing Homes (NH): I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment	**Number of registered places:** 56 including: • a maximum of 28 patients in category NH-DE accommodated in the Strule Unit • a maximum of 28 patients in category NH-I and a maximum of four patients in category NH-PH accommodated in the Drumragh Unit

4.0 Inspection summary

An unannounced inspection took place on 11 June 2018 from 10.35 to 15.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the administration of the majority of medicines, medicine records and medicine storage.

Three areas for improvement were identified in relation to the management of thickening agents, the omission of medicines due to patients being asleep and the management of warfarin.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Charlene Parkin, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 May 2018. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- 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.

During the inspection we met with three patients, one care assistant, four registered nurses, the deputy manager and the manager.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A sample of the following records was examined during the inspection:

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

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 May 2018

The most recent inspection of the home was an unannounced care inspection. The draft report and QIP have been issued. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 21 March 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement **Ref:** Standard 29 **Stated:** First time	The registered provider should ensure that any transcribing on the medicine administration records is signed by two trained members of staff.	**Met**
	Action taken as confirmed during the inspection: A review of the medication administration records indicated that hand-written updates had been verified and signed by two registered nurses.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that medicines were managed by staff who have been trained and deemed competent to do so. Registered nurses were currently receiving update training on all aspects of the management of medicines provided by the community pharmacist. Competency assessments were being updated by the manager. The impact of training was monitored through the audit process.

The manager advised that all staff were aware of the regional safeguarding procedures and who to report any safeguarding concerns to. Training was completed annually.

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. Antibiotics and newly prescribed medicines had been received into the home without delay. The manager advised that the systems in place for the acquisition and storage of prescriptions were currently being reviewed.

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.

The management of warfarin was reviewed. Dosage directions were received in writing and then transcribed onto a warfarin administration chart. Daily running stock balances were maintained. However, obsolete dosage directions had not been cancelled and archived and transcriptions had not been verified and signed by two registered nurses. An area for improvement was identified.

The management of insulin was reviewed. Dosage directions and records of administration were clearly recorded. However, dates of opening had not been recorded on insulin pens and two in-use pens were observed to be stored in the refrigerator. This was addressed during the inspection and the manager advised that it would be discussed with all registered nurses at the nurses meeting on Tuesday 12 June 2018. Due to the assurances provided an area for improvement was not identified.

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

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. With the exception of insulin pens, 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. Although the treatment rooms were very warm on the day of the inspection the temperature recordings for the previous month were mostly within the accepted range; it was agreed that this would continue to be closely monitored.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission.

Areas for improvement

The management of warfarin should be reviewed and revised. Obsolete dosage directions should be cancelled and archived. Transcriptions should be verified and signed by two registered nurses.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of 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. However, it was noted that for one patient medicines were sometimes omitted as the patient was asleep. This had not been brought to the attention of the manager or referred to the prescriber. This should be referred to the prescriber for review with the possibility of administering the medicines earlier in the day. An area for improvement was identified.

There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

The management of medicines for administration on a "when required" basis for the management of distressed reactions and pain were reviewed and found to be satisfactory. Appropriate care plans, records of prescribing and administration were in place.

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. However, records of administration were not adequately maintained. Registered nurses in the Strule Unit had pre-signed the administration records until lunch time. Registered nurses in the Drumragh Unit were not recording administration. Care assistants were aware of each patient's recommended consistency but were not recording administration. These findings were discussed in detail with the registered nurses on duty and the manager. An area for improvement was identified.

With the exception of the records of administration of thickening agents, medicine records were well maintained and facilitated the audit process. Staff were commended on the standard of maintenance of the personal medication records and medication administration records.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for all medicines. The community pharmacist also carried out regular audits.

Staff advised that they had good working relationships with healthcare professionals involved in patient care.

Areas of good practice

There were examples of good practice in relation to the standard of most records, care planning and the administration of medicines.

Areas for improvement

Any non-administration of medicines due to patients being asleep should be referred to the prescriber for review.

Accurate records for the administration of thickening agents should be maintained.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The administration of medicines to patients was not observed. Staff were knowledgeable about the administration of medicines and guidance was displayed on the medicines file for easy reference.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patient spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines and they were happy for the registered nurses to administer their medicines.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Several patients were involved in the activities which were taking place in the lounge after lunch.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives; none were returned within the specified timeframe. Any comments from patients and their representatives in returned questionnaires received after the return date will be shared with the manager for information and action as required.

Areas of good practice

Staff listened to patients and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data in Three Rivers Care Centre.

Written policies and procedures for the management of medicines were in place. They were not examined at the inspection.

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. The manager advised that staff were aware that medication related incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. The manager and staff provided details of the auditing processes completed by staff and management. There was evidence that shortfalls were addressed without delay. The community pharmacist was currently providing additional training and auditing due to the findings of recent audits. It was agreed that the areas for improvement that were identified at this inspection would be included in the audit process.

Following discussion with the registered nurses and care assistant, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the manager and any resultant action was discussed at team meetings and/or supervision.

The staff we spoke with were positive about their work and advised there were good working relationships in the home. They stated they felt well supported in their work and that management were approachable.

No online questionnaires were completed by staff with the specified time frame (two weeks).

Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Charlene Parkin, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 11 July 2018	The registered person shall ensure that the non-administration of medicines due to patients being asleep is referred to the prescriber for review. Ref: 6.5 **Response by registered person detailing the actions taken:** Following a meeting with the serving Pharmacist an additional code has been added to the MARS for use when residents are asleep. Once this code has been entered onto the MAR on three consecutive occasions the residents prescribing GP is contacted for review and advice. The outvome of any review and advice will be recorded appropriately.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 11 July 2018	The registered person shall ensure that accurate records for the administration of thickening agents are maintained. Ref: 6.5 **Response by registered person detailing the actions taken:** Charts detailing the SLT prescribed fluid consistency for all residents prescribed thickening agents has now been implemented. This is available in all unit serverys and the main kitchen to act as a checklist for all staff involved in assisting with fluid intake. All thickened fluids consumed by residents are recorded on either QR8001.34 Fluid intake/output charts or QR8001.51 Nutritional intake charts as appropriate and an additional annotation is made alongside the amount to denote the consistency given e.g. T1 = Thickened to Stage 1 consistency. In addition to this all MARs and kardexes will also have the consistency stage noted alongside the prescribed thickening agent
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 11 July 2018	The registered person shall review and revise the management of warfarin to ensure that safe systems are in place. Ref: 6.4 **Response by registered person detailing the actions taken:** Previous warfarin schedules are no longer held in the current medicines kardex. Old shedules are removed and placed within the residents personal care file for reference purposes and archived regularly. Schedules are not pre entered onto the administration paperwork to reduce risk of medication error.

Please ensure this document is completed in full and returned via the Web Portal

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