Unannounced Medicines Management Inspection Report
1 September 2016

Blair House Care Home

Type of Service: Nursing Home
Address: 107 Dakota Avenue, Newtownards, BT23 4QX
Tel No: 028 9182 4450
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Blair House Care Home took place on 1 September 2016 from 10.00 to 14.40. Two of the four units were inspected, however due to the findings, this inspection focused on the Scrabo unit.

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?

Improvement is required to ensure that the management of medicines supports the delivery of safe care and positive outcomes for patients. A number of patients had been without some of their prescribed medicines for several days and some of the entries on the medicine administration records were illegible. Two areas of improvement were identified. Two requirements were made.

Is care effective?

Improvement is required to ensure that the management of medicines supports the delivery of effective care. Discrepancies were noted in the audits that were completed during the inspection. Some patients in the Scrabo unit were noted to be missing doses of night time medicines as they were asleep. Care plans for the management of distressed reactions had not been implemented. Four areas of improvement were identified and three requirements were made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. There were no areas of improvement identified.

Is the service well led?

The evidence from this inspection demonstrated that improvement is required in relation to the management of medicines. The audit system was not robust and identified actions from audits were not effectively addressed. Medicine incidents were not identified and reported appropriately. Overall this inspection resulted in seven requirements and one recommendation.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

For the purposes of this report, the term ‘patients’ will be used to described those living in Blair House Care Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	1

Details of the Quality Improvement Plan (QIP) within this report were discussed Miss Caron Conroy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office with Ms Justine Cahill, Operations Director (representing Mrs Caroline Denny, Registered Person), Ms Karen McElherron, Regional Manager and Miss Caron Conroy, Registered Manager. At this meeting, a full account of the actions taken, or planned to be taken, to ensure that robust systems for the management of medicines were in place was provided.

Following this meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Blair House Care Home and will carry out an inspection to assess compliance.

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 August 2016.

2.0 Service details

Registered organisation/registered person: Priory (Watton) Ltd Mrs Caroline Denny	**Registered manager:** Miss Caron Margaret Conroy
Person in charge of the home at the time of inspection: Ms Amanda Horne (Deputy Manager)	**Date manager registered:** 3 December 2014
Categories of care: RC-DE, NH-DE, NH-I	**Number of registered places:** 81

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 three residents, three registered nurses and the deputy manager. The registered manager returned to the home for the feedback following the 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 this opportunity during the inspection.

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

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- 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 18 August 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was due for return on 27 September 2016. This QIP will be validated by the finance inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 24 March 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that medication records are completed accurately.	**Met**
	Action taken as confirmed during the inspection: The requirement as detailed in the original report of 24 July 2012 has been met.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.	**Not Met**
	Action taken as confirmed during the inspection: Discrepancies were noted in medicines audited during the inspection indicating that they had not been administered as prescribed. This requirement is stated for a second time.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must put robust arrangements in place for the management of anticoagulant medicines.	**Met**
	Action taken as confirmed during the inspection: The management of anticoagulants was examined in the Dakota Unit and was found to be satisfactory.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must investigate the observations made in the two Schedule 3 controlled drugs and forward a written report detailing the findings and action taken to RQIA.	**Met**
	Action taken as confirmed during the inspection: This report was received following the last inspection.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must put robust arrangements in place for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The management of controlled drugs was found to be satisfactory.	
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must make the necessary arrangements to ensure that robust arrangements are in place for the storage of medicines.	**Met**
	Action taken as confirmed during the inspection: Medicines were appropriately stored.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time	A care plan should be in use to identify the use of 'when required' antipsychotic medicines.	**Not Met**
	Action taken as confirmed during the inspection: A care plan was not in place in the two patients' records that were examined during the inspection. This recommendation has been stated twice. Following discussion with senior management in RQIA, a requirement has now been made to drive the necessary improvement.	
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	The disposal of medicines in the residential units should be reviewed.	**Met**
	Action taken as confirmed during the inspection: Appropriate arrangements were in place for the disposal of medicines in the residential units.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The deputy manager advised that an induction process was in place for registered nurses and for care staff who managed medicines in the residential units. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed regularly.

Improvement is required in the systems to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Four patients had been without some of their prescribed medicines for between two and five days as they had been out of stock. This is unacceptable and it had the potential to affect the health and well-being of the patients. Medicines must be available to be administered to patients as prescribed. A requirement was made.

Personal medication records were legible and accurately maintained so as to ensure that there was a clear audit trail. All of the personal medication records examined had been signed by two registered nurses to ensure the accuracy of the record. This is safe practice. The specific dosage directions for "when required" medicines had not been documented. The registered manager agreed to review these records and make the necessary amendments following the inspection.

The completion of the MARs sheets required improvement. Some of the entries on these records were illegible. It could not be determined if some medicines that were prescribed on a "when required" basis had been administered or omitted. This also meant that these medicines could not be audited. This issue had been discussed in detail at the last medicines management inspection and no improvement was noted. A requirement was made.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

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

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 use of separate administration charts was acknowledged.

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 were checked at regular intervals.

Areas for improvement

The registered person must ensure that all patients have a continuous supply of their prescribed medicines. A requirement was made.

The registered person must ensure that the medicine administration records are legible. A requirement was made.

Number of requirements	2	**Number of recommendations**	0

4.4 Is care effective?

The majority of audit trails performed on randomly selected medicines in the Scrabo Unit provided unsatisfactory outcomes. There was a surplus of some medicines, indicating that although the medicine had been recorded as administered, the medicine had not been administered as prescribed. The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. The requirement regarding the administration of medicines has been stated for a second time.

When a patient was prescribed medicines for the management of distressed reactions, the parameters for administration of anxiolytic/antipsychotic medicines were recorded on the personal medication records. A care plan was not place for the two records inspected. Although a record of administration was maintained, the reason for and outcome of the administration was not recorded. This issue has been discussed at the previous two inspections and has not been addressed. As the recommendation regarding the management of distressed reactions has been stated twice previously and has not been addressed, a requirement has now been made.

The sample of records examined indicated that medicines which were prescribed to manage pain were recorded on the patient's personal medication record and 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 "when required" protocol and separate administration chart was maintained for each patient prescribed pain controlling medicines. On most occasions, staff had recorded the type of pain. A care plan was in place.

Two patients regularly refused medicines at night. There were several occasions throughout the month that other patients were missing doses of medicines at night time because they were asleep. There was limited evidence that compliance with prescribed medicine regimes was monitored and that omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber. A requirement was made. In addition, the timing of the night time medicine round should be reviewed to ensure that patients do not routinely miss doses of medicines as they are asleep. This was discussed with the registered manager.

Areas for improvement

The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions. A requirement has been stated for the second time.

The registered person must ensure that the management of distressed reactions is reviewed and revised to ensure that a care plan is in place and the reason for and outcome of administering "when required" medicines is recorded. A requirement was made.

The registered person must ensure that compliance with prescribed medicine regimes is monitored and that omissions or refusals likely to have an adverse effect on the patient's health are reported to the prescriber. A requirement was made.

Number of requirements	3	Number of recommendations	0

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines and were very complimentary of 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 were not examined during this inspection.

There were arrangements in place for the management of medicine related incidents, however, the omission of medicines due to being out of stock had not been reported to RQIA. The registered person must ensure that any future ongoing non administration of a medicine due to stock supply is recognised by the staff administering medicines as a medicine incident and reported in accordance with legislative requirements. A requirement was made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for medicines not contained within the blister pack system. In addition, a quarterly audit was completed by the community pharmacist. A review of the audit records indicated that when an issue was highlighted there was limited evidence to show that it was followed up and effectively addressed. The same recurrent themes were noted throughout the audits. The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these. A requirement was made.

Not all of the requirements made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was advised that the QIP should be regularly reviewed as part of the quality improvement process. A recommendation was made.

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.

Areas for improvement

The registered person must ensure that any future ongoing non administration of a medicine due to stock supply is recognised as a medicine incident by the staff administering medicines and reported in accordance with legislative requirements. A requirement was made.

The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these. A requirement was made.

The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process. A recommendation was made.

Number of requirements	2	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Caron Conroy, 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:** Second time **To be completed by:** 1 October 2016	The registered person must ensure that all medicines are administered in strict accordance with the prescriber's instructions.
	Response by registered provider detailing the actions taken: Medication times have been reviewed by staff and G.P's to assist in compliance. Medications are now administered in accordance with the prescribers directions.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 8 September 2016	The registered person must ensure that all patients have a continuous supply of their prescribed medicines.
	Response by registered provider detailing the actions taken: New systems have been developed to highlight when stock is runnng low. This system alerts staff to request stock in a timely manner ensuring no one runs out of stock. Following meetings with all G.P. surgeries plans have been put in place for when drugs are ordered out of sync, that we can request the ammount required to bring that patient in to the pattern reducing the chances of a patient running out of stock.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 8 September 2016	The registered person must ensure that the medicine administration records are legible.
	Response by registered provider detailing the actions taken: Medication kardex have been re written, and staff have been advised and recieved training and supervision on the correct coding and process of coding to ensure ease of auditing.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 1 October 2016	The registered person must ensure that the management of distressed reactions is reviewed and revised to ensure that a care plan is in place and the reason for and outcome of administering "when required" medicines is recorded.
	Response by registered provider detailing the actions taken: When a patient receives a "when required " medication the reason and outcome of administration is recorded in the care plan as well as the back of the marr sheet and progress notes. This process is currently audited 2 times per week by the Regional and the Home Manager to ensure compliance.
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that compliance with prescribed medicine regimes is monitored and that omissions or refusals likely to have an adverse effect on the patient's health are reported to the prescriber.

To be completed by: 1 October 2016	**Response by registered provider detailing the actions taken:** Following training, group and one to one supervision and issue of protocol, staff now report when patients have refused for 3 consecutive occassions the prescriber is informed and the same is documented and recorded in the care plan and progress notes.
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 1 October 2016	The registered person must ensure that any future ongoing non administration of a medicine due to stock supply is recognised as a medicine incident and reported in accordance with legislative requirements.
	Response by registered provider detailing the actions taken: Any medication error, or out of stock medicaiton is now reported in line with legislative requirements
Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 1 October 2016	The registered person must ensure that an effective medicines auditing system is in place that identifies any discrepancies in the administration of medicines and records the action taken by management to address these.
	Response by registered provider detailing the actions taken: Daily check sheets are now in place on each unit, these are completed after each medication round and any deficits highlighted. These are received into the office of the Manager, the Manager will then check and review any issues raised. The Manager and Regional Manager have also been undertaking random boxed audits of non blistered medication and PRN medications . these are recorded, a record kept and any discrepancies investigated and addressed, and actions taken or required are recorded. The Manager is also undertaking regular audits of the PRN protocols, Tally sheets and Marr sheets. Care plan audits are also undertaken and actions required recorded.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 1 October 2016	The registered person should ensure that the QIP is regularly reviewed as part of the quality improvement process.
	Response by registered provider detailing the actions taken: The QIP is reviewed at the weekly Team Meetings; the unit meetings and also at the Safety Quality Compliance meetings.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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