Unannounced Medicines Management Inspection Report
4 October 2016

Greenhaw Lodge Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel no: 028 7135 4725
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Greenhaw Lodge Care Centre took place on 4 October 2016 from 10.55 to 16.10.

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?

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. There were arrangements for staff training, assessment of competency and the safe storage of medicines. However, areas of improvement were identified. Some of these had been raised at previous medicines management inspections and the improvements made had not been sustained. To ensure that medicines are managed in compliance with legislation and standards, three recommendations were made in relation to training and the stock control of medicines.

Is care effective?

Areas for improvement were identified and must be addressed to ensure that the management of medicines in this home supports the delivery of effective care. Whilst there was evidence that medicines supplied in the 28 day blister packs had been administered as prescribed, some other medicines had not be administered as prescribed. These included medicines which had been highlighted at previous medicines management inspections and the improvements made had not been sustained. The management of the ongoing refusal of medicines and the completion of records of administration should also be reviewed. Two requirements and one recommendation 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. The patient and relative spoken to were complimentary about their care/relative's care in the home and the management of their medicines. No requirements or recommendations have been made.

Is the service well led?

Some areas of the service were found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place to support the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and auditing activity. However, areas for improvement in relation to governance and staff roles and responsibilities were identified. Two recommendations have been made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager, Miss Ronagh McCaul and the registered nurses on duty, as part of the inspection process. The outcome of the inspection was also discussed with Mr Christopher Walsh, Registered Provider, Larchwood Care Homes (NI) Ltd, by telephone on 6 October 2016. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. The medicine management inspection in February 2015 had identified similar concerns to those evidenced during this inspection. These were found to have been addressed when a further inspection took place in May 2015. It was disappointing to note that the outcome of this inspection found that the improvement had not been sustained. This resulted in a discussion with the senior pharmacist inspector in RQIA. It was agreed that the registered provider of Larchwood Homes (NI) Ltd would be contacted and advised of the concerns raised. A further inspection will be undertaken to ensure compliance with legislative requirements and professional standards.

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 13 April 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Mr Christopher Walsh	**Registered manager:** Miss Ronagh McCaul
Person in charge of the home at the time of inspection: Miss Ronagh McCaul	**Date manager registered:** 7 March 2012
Categories of care: NH-A, NH-DE	**Number of registered places:** 43

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the incidents register; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

We met with one patient, three registered nurses, the registered manager and one visitor.

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
- 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 13 April 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 on 26 May 2015

There were no requirements of recommendations made as a result of the last medicines management inspection.

4.3 Is care safe?

The registered manager confirmed that 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. A sample of training records was provided at the inspection. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in September 2016. Training in the management of syringe drivers is planned. However, due to the audit outcomes as detailed in the report, it is recommended that update training in the management of eye conditions and respiratory conditions is completed. A recommendation was made.

The system to manage the ordering of prescribed medicines was reviewed. For the majority of medicines this was satisfactory. However, it was noted that three medicines had been out of stock in the current medicine cycle; for one of these, this had not been followed up in a timely manner. This had resulted in a number of missed doses and had not been reported to the registered manager. A review of the ordering and stock control process for medicines was recommended, to ensure that all medicines are available for administration as prescribed and any potential shortfalls are readily identified and followed up.

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.

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

Appropriate arrangements were in place for administering medicines in disguised form.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin.

Discontinued or expired medicines were disposed of appropriately. 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. It was found that the date of opening was recorded on most limited shelf medicines; however, some of these had passed the expiry date and were removed from stock. Expired flu vaccines were also removed from stock. It was disappointing to note the improvement in the management of these medicines found at the last inspection had not been sustained. A recommendation was made.

Medicine refrigerator temperatures and oxygen equipment were checked at regular intervals. A small number of spacer devices for inhalers needed washed or replaced. It was agreed that this would be addressed after the inspection.

Areas for improvement

Staff training in the management of medicines prescribed for eye and respiratory conditions should be completed. A recommendation was made.

The ordering and stock control of medicines should be reviewed to ensure that robust arrangements are put in place. A recommendation was made.

A system should be in place to remove expired medicines in a timely manner, to ensure that medicines are not administered after the expiry date has been reached. A recommendation was made.

Number of requirements	0	**Number of recommendations**	3

4.4 Is care effective?

The majority of medicines which were examined had been administered in accordance with the prescriber's instructions. However, some audit discrepancies in medicines which were not supplied in the 28 day medicine packs, were identified. These related to liquid medicines, including laxatives, inhaled medicines and eye preparations. The outcomes indicated that the medicine had not been administered as prescribed. Similar discrepancies had been highlighted at previous medicine management inspections, although it was acknowledged that there had been an improvement noted at the last inspection. A requirement regarding the administration of medicines was made and a recommendation regarding the auditing process was made in section 4.6.

Although, staff advised 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, it was noted that three eye preparations had been refused for several weeks and had not been reported to the prescriber or the registered manager. A requirement was made.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. 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 assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and a care plan and a speech and language assessment report were in place.

The majority of medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included separate records for transdermal patches and warfarin. In relation to the administration records, on occasion staff had indicated that the medicine had not been given; however, the reason was not always recorded. As there were discrepancies in the audit trails, this indicated that staff had signed for administration, however, had not administered the medicine. The need to ensure that administration records are fully and accurately maintained was reiterated. A recommendation was made.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to medicines or concerns in relation to medicines.

Areas for improvement

All medicines must be administered in strict accordance with the prescribers' instructions.
A requirement was made.

Robust arrangements must be put in place to manage any ongoing refusal of medicines.
A requirement was made.

The completion of medication administration records should be closely monitored to ensure the reason for any non-administration is clearly stated and records are accurately maintained.
A recommendation was made.

Number of requirements	2	Number of recommendations	1

4.5 Is care compassionate?

The administration of medicines to patients was not observed at the inspection. Following discussion with the registered manager and registered nurses it was ascertained that medicines were administered to patients in a caring manner, in their preferred location, i.e. bedroom, dining room or lounge; and they were given time to take their medicines. Staff provided examples of where some patients would have their medicines later in the morning as they liked to stay in bed for a while. Staff confirmed that this did not impact on the minimum time intervals for medicines which were prescribed throughout the day.

The patient spoken to advised that they were satisfied with the manner in which their medicines were managed and administered. They advised that staff responded in a timely manner to any requests for medicines e.g. pain relief. They spoke positively about the staff.

The visitor we spoke with stated that they were content with the care of their relative and had no concerns regarding the management of medicines.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The previous medicines management inspection evidenced that there had been significant improvement in the management of medicines. It also evidenced that there was a robust auditing system which covered all aspects of the management of medicines. However, there was little evidence that these had been sustained. Discrepancies were noted in the administrations of liquid medicines, inhaled medicines and limited shelf life medicines (see section 4.3). A recommendation regarding the auditing process was made. As part of best practice, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Written policies and procedures for the management of medicines were in place. 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. There had been no medicine related incidents reported since the last medicines management inspection. However, an audit undertaken by the staff on the previous day had highlighted some discrepancies and the registered manager advised that they were to be investigated and reported to RQIA.

With regard to staff roles and responsibilities for medicines management, this should be reviewed; in particular, regarding information which must be reported to the registered manager e.g. ongoing refusal of medicines, out of stock medicines. A recommendation was made.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff individually and at meetings. The registered manager advised that a meeting with registered nurses would be scheduled following the outcomes of this inspection.

Areas for improvement

The audit process for medicines management must be reviewed to ensure that this is effective and covers all formulations of medicines. A recommendation was made.

Roles and responsibilities in relation to medicines management should be reviewed with staff. A recommendation was made.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Ronagh McCaul, Registered Manager and the registered nurses on duty, 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 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the 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:** 3 November 2016	The registered provider must ensure that all medicines are administered in strict accordance with the prescribers' instructions.
	Response by registered provider detailing the actions taken: The registered provider ensures that all medicines are administered in strict accordance with the prescribers instructions. Prescribed medicines are administered as per prescription and medication kardex.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 3 November 2016	The registered provider must ensure there are robust arrangements for the management of any ongoing refusal of medicines.
	Response by registered provider detailing the actions taken: The registered provider ensure's there is weekly reporting to prescriber for the management of any ongoing refusal of medicines. The prescriber advises the Registered nurse of continuing of discontinuing of medicines.

Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should provide training for relevant staff in the management of eye and respiratory conditions relative to the medicines prescribed.
	Response by registered provider detailing the actions taken: Training has been provided for all relevant staff in the management of eye and respiratory conditions relative to the prescribed medicines, indicationg the importance of these medicines.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should ensure there are robust arrangements in place for the ordering and supply of medicines.
	Response by registered provider detailing the actions taken: Robust arrangemnets are in place for ordering and supply of medicines, ensuring stock is adequate for individual residents.
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should develop systems to identify and remove expired medicines.
	Response by registered provider detailing the actions taken: A system has been developed to identify and remove expired medicines, this is carried out on a daily basis.
Recommendation 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should make the necessary arrangements to monitor the completion of medication administration records.
	Response by registered provider detailing the actions taken: On-going monitoring of administration records and completion of records is in place, which allows identification of any prescribed medications not being administered.
Recommendation 5 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider must ensure that an effective audit process is in place.
	Response by registered provider detailing the actions taken: An effective audit is in place for all non biodose medicines, the audits are being completed at each medication administration times.

Recommendation 6 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 3 November 2016	The registered provider should make the necessary arrangements to ensure that the relevant staff are aware of their roles and responsibilities in relation to medicines management. **Response by registered provider detailing the actions taken:** All registered nurses are aware of their roles and responsibilities in relation to medication management, training has been provided and guidance under NMC has been given to each competent person.

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

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