Unannounced Medicines Management Inspection Report
19 February 2018

Gortacharn

Type of Service: Nursing Home
Address: Brookborough Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
Inspector: 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 55 beds that provides care for patients and residents with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Gortacharn **Responsible Individuals:** Mr Richard James Trimble & Mrs Robena Heather Trimble	**Registered Manager:** Ms Jill Trimble
Person in charge at the time of inspection: Ms Jill Trimble	**Date manager registered:** 20 November 2015
Categories of care: Nursing Home (NH): I – old age not falling within any other category LD – learning disability PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill Residential Care Home (RC): I – old age not falling within any other category LD(E) – learning disability – over 65 years PH – physical disability other than sensory impairment	**Number of registered places:** 55 including: - A maximum of four persons in category NH-LD. - A maximum of 15 persons in the residential care unit (care categories RC-I and RC-PH).

4.0 Inspection summary

An unannounced inspection took place on 19 February 2018 from 08.15 to 13.35.

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 term ‘patients’ is used to describe those living in Gortacharn which provides both nursing and residential care.

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 medicines administration, medicine records and storage.

Areas requiring improvement were identified in relation to records pertaining to distressed reactions and thickening agents and the governance systems.

Patients were observed to be relaxed and comfortable in their surroundings and interactions with staff and visitors.

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

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Jill Trimble, 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.

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 9 January 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with several patients briefly. We spoke to two care assistants, one senior care assistant, one registered nurse and the registered manager.

A total of 10 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
- controlled drug record book
- policies and procedures
- care plans
- training records
- medicines storage temperatures

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 9 January 2018

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 the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 30 August 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must ensure that records of medicines administered are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: Satisfactory records of administration were maintained. The registered manager was reminded that when a medicine is prescribed at a variable dose the actual dose administered must be recorded. It was agreed that this would be discussed with all registered nurses and senior care assistants and followed up through the audit process. Due to the assurances provided this area for improvement was assessed as met.	
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 1 **Ref:** Standard 4 **Stated:** First time	The registered provider should ensure that nursing records regarding all nursing interventions, activities and procedures carried out in relation to each patient are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: This area for improvement referred to the nursing interventions with regard to the management of diabetes. Satisfactory records were observed.	

Area for improvement 2 **Ref:** Standard 18 **Stated:** First time	The registered provider should review and revise the management of medicines prescribed on a "when required" basis; care plans should be in place, staff should record the reason why each dose was administered and the noted effect and the parameters for administration of "when required" medicines should be clearly recorded on the personal medication records.	**Partially met**
	Action taken as confirmed during the inspection: The management of medicines prescribed on a "when required" basis had been reviewed and revised. Care plans and protocols for administration were maintained. The parameters for administration were clearly recorded on the personal medication records. However, a review of the records indicated that the reason for and outcome of each administration was not routinely being recorded. This area for improvement was assessed as partially met and is stated for a second time.	

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 registered manager advised that medicines were managed by staff who have been trained and deemed competent to do so. Training on the management of medicines had been provided for registered nurses and senior care assistants in December 2017. An induction process was in place for registered nurses and for care assistants who had been delegated medicine related tasks. Competency assessments were completed following induction and annually thereafter. Training on dysphagia and the application of emollient preparations was provided for care assistants as part of their induction.

In relation to safeguarding, the registered manager confirmed that staff had received training and were aware of the regional procedures and who to report any safeguarding concerns to.

There was evidence that there were some stock control issues but that medicines were not being omitted due to being out of stock. The registered manager advised that this was continually being kept under review. Antibiotics and newly prescribed medicines had been

received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and to manage medication changes. Personal medication records had been checked and verified by two registered nurses at the time of writing and updating.

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.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs in Schedule 2 and Schedule 3 were denatured and rendered irretrievable prior to disposal. However, discontinued controlled drugs in Schedule 4 Part (1) were not being denatured. The registered manager updated the home's policy and procedure during the inspection and advised that all registered nurses would be made aware. Assurances were provided that this would be closely monitored and hence an area for improvement was not identified.

Mostly satisfactory arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Registered nurses were reminded that insulin pen devices have a limited shelf life once they are opened.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Satisfactory recordings were observed for the medicine refrigerator and treatment room temperatures.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

At this inspection audit trails on the administration of medicines were completed in the nursing unit only. Some discrepancies in the administration of liquid medicines were noted. The registered manager should closely monitor the administration of liquid medicines. An area for improvement with regards to the auditing systems was identified in Section 6.7.

Arrangements were in place to alert staff of when doses of alternate day, 72 hourly and weekly medicines were due.

The management of medicines prescribed to be administered on a "when required" basis for the management of distressed reactions was detailed in Section 6.2. An area for improvement was stated for a second time.

The management of pain was reviewed and found to be satisfactory. Pain assessments were completed as part of the admission process and care plans were in place. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. The registered manager advised that pain assessment tools were used with patients who could not verbalise their pain.

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 were in place. Records of administration were being recorded by registered nurses on the medication administration records. A separate file was in place to enable care assistants to record administration. Whilst it was acknowledged that care assistants were knowledgeable about each patient's recommended consistency this was not clearly detailed and records of administration were not accurately maintained. An area for improvement was identified.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber. This was evidenced for one patient during the inspection.

With the exception of the records maintained for distressed reactions and the administration of thickening agents the medicine records were well maintained and facilitated the audit process.

Following discussion with the registered manager and staff, it was evident that, when applicable, other healthcare professionals were contacted in response to medication related issues. 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 record keeping, care planning and the administration of medicines.

Areas for improvement

Accurate records for the administration of thickening agents by care assistants must be maintained. The required consistency level should be detailed.

As detailed in Section 6.2 an area identified for improvement with regards to the records maintained for distressed reactions was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	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.

We observed the administration of medicines to some patients during the morning medicine round. The registered manager administering the medicines spoke to the patients in a kind and caring manner and the patients were given time to swallow their medicines.

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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were enjoying their lunch which was being served where they chose to eat.

As part of the inspection process, we issued ten questionnaires to patients and their representatives. Eight were completed and returned within the specified timeframe. The responses were recorded as 'very satisfied' or 'satisfied'.

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.

Written policies and procedures for the management of medicines were in place. The registered manager confirmed that they were updated regularly.

There were robust arrangements in place for the management of medicine related incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented. In relation to the regional safeguarding procedures, the registered manager confirmed that staff were aware that medicine incidents may need to be reported to the safeguarding lead and safeguarding team.

Practices for the management of medicines were audited throughout the month by staff and management. This included running stock balances for medicines which were prescribed to be administered "when required". In addition the deputy manager completed monthly audits. Due to the findings of this inspection with regards to the administration of liquid medicines, the records relating to distressed reactions and thickening agents, the denaturing of controlled drugs and the disposal of insulin at expiry, it is evident that a more robust auditing system covering all these areas is necessary. An area for improvement was identified.

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

One area for improvement made at the last medicines management inspection had not been effectively addressed. To ensure that areas for improvement are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that management were open and approachable and willing to listen.

During the inspection we discussed the current processes in relation to part of the nursing home being registered as a separate residential care home. The registered manager confirmed that medicines management would continue to be undertaken by trained and competent care assistants. She also confirmed that following completion of this registration process, all staff would be made aware of the procedures for the safe disposal of medicines in residential care homes and that medicines would be returned directly to the community pharmacist for disposal.

Areas of good practice

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

Areas for improvement

A robust auditing system should be implemented for the management of medicines.

	Regulations	Standards
Total number of areas for improvement	1	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 Ms Jill Trimble, Registered 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 QIP via 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:** 19 March 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: Records for administration of thickening agents have been revised and updated to clearly detail each patient's recommended consistency when using thickening agents.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 19 March 2018	The registered person shall implement a robust audit system for the management of medicines. Ref: 6.5 and 6.7
	Response by registered person detailing the actions taken: A more robust auditing system has been developed for the management of medicines. This is to include audits of liquid medicines, medications used for distressed reactions, and disposal of insulin at expiry. Audits will continue to be carried out regularly.
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 18 **Stated:** Second time **To be completed by:** 19 March 2018	The registered provider should review and revise the management of medicines prescribed on a “when required” basis; care plans should be in place, staff should record the reason why each dose was administered and the noted effect and the parameters for administration of “when required” medicines should be clearly recorded on the personal medication records. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: Nursing staff have been made aware of the importance of documentation when administering medications prescribed on a 'when required' basis. When these medications are administered, the reason for, and outcome of each administration, will be clearly recorded.

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

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
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care