Unannounced Medicines Management Inspection Report
30 August 2016

Gortacharn

Type of Service: Nursing Home
Address: Brookborough Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Gortacharn took place on 30 August 2016 from 9:45 to 16:30.

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 the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. One area for improvement was identified in relation to the maintenance of patients' notes and a recommendation was made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Two areas for improvement were identified in relation to anxiolytic medicines and records of the administration of medicines. One requirement 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. Patients consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were 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.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report 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.

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 6 June 2016.

2.0 Service details

Registered organisation/registered person: Gortacharn/Mr Richard James Trimble	**Registered manager:** Ms Jill Trimble
Person in charge of the home at the time of inspection: Ms Jill Trimble	**Date manager registered:** 20 November 2015
Categories of care: RC-LD(E), NH-LD, RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 55

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home.

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with eight residents, the registered manager, two registered nurses and one senior care assistant.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

The following records were examined during the inspection:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 June 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 the next care inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 9 September 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 20(1) **Stated:** First time	The acting manager must ensure that all non-nursing staff members who administer medicines, including thickening agents, have been trained and deemed competent to do so. Records of staff training and competency assessments must be maintained.	**Met**
	Action taken as confirmed during the inspection: Update training on the management of thickening agents was completed by care staff on 12 May 2015. Records of training and competency assessments were in place.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must ensure that records of medicines ordered and received are adequately maintained.	**Met**
	Action taken as confirmed during the inspection: Records of medicines ordered and received were adequately maintained.	

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review the security of medicines to ensure access through the window of the treatment room in the nursing unit is restricted and the trolley in the residential unit is immobilised when not in use.	**Met**
	Action taken as confirmed during the inspection: Access through the treatment room window was restricted. Medicine trolleys in both the nursing and residential units were immobilised by use of a chain when not in use.	
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must ensure the temperature of the treatment rooms is monitored on a daily basis to ensure temperatures do not exceed 25°C.	**Met**
	Action taken as confirmed during the inspection: Records showed that the temperature of the treatment rooms was monitored on a daily basis and temperatures had not exceeded 25°C.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise the arrangements in place for the cold storage of medicines in the nursing unit.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the cold storage of medicines.	
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise the storage arrangements for oxygen cylinders.	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures for the management of oxygen were in place. Appropriate signage was posted in all areas where oxygen was stored or in use. Empty cylinders have been returned to the community pharmacy. Cylinders were chained to the wall when not in use.	

Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise the management of thickening agents to address the issues highlighted in Section 7.0	**Met**
	Action taken as confirmed during the inspection: Improvements were noted in the management of thickening agents. Written policies and procedures for the management of thickening agents were in place. Current speech and language therapist reports were in place for those patients who had a swallowing difficulty. Care plans detailing the management of swallowing difficulties, including the use of thickening agents were in place. However, records of the administration of thickening agents were not maintained. The registered manager provided assurances that this would be addressed. As sufficient progress has been made to address this requirement, it was assessed as met and was not re-stated in this report	
Requirement 8 **Ref:** Regulation 13(4) **Stated:** First time	The acting manager must review and revise the management of self-administered medicines to address the issues highlighted in Section 7.0	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures for the management of self-administered medicines were in place. Authorisation to self-administer medicines was obtained from the prescriber, reference was made to any self-administered medicines on the personal medication records and records of the transfer of medicines to patients for self-administration were maintained.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The acting manager should ensure that prescriptions are received and checked by the home before they are forwarded to the pharmacist for dispensing.	**Met**
	Action taken as confirmed during the inspection: Staff on duty confirmed that prescriptions were checked by the home prior to dispensing. A copy of current prescriptions was kept in the home.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The acting manager should ensure that staff have access to a current medicines reference source.	**Met**
	Action taken as confirmed during the inspection: There was a current medicines reference source in the home.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The acting manager should increase the quantity and range of medicine audits. Liquid medicines should be included in the audit process.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the quantity of medicines audited had been increased and that a range of medicines, including liquid medicines had been included in the home's auditing procedures.	
Recommendation 4 **Ref**: Standard 37 **Stated:** First time	The acting manager should ensure that written policies and procedures cover all areas of the management of medicines and that they are subject to regular review and update.	**Met**
	Action taken as confirmed during the inspection: Written policies and procedures have been reviewed and updated to ensure they cover all areas of the management of medicines. .	

Recommendation 5 **Ref**: Standard 38 **Stated:** First time	The acting manager should ensure that records of the disposal of medicines include reference to those medicines which have been denatured prior to disposal.	**Met**
	Action taken as confirmed during the inspection: Records showed that controlled drugs were denatured prior to their disposal.	
Recommendation 6 **Ref**: Standard 39 **Stated:** First time	The acting manager should ensure that medicines for external use are not stored with medicines for internal use.	**Met**
	Action taken as confirmed during the inspection: Separate storage areas were available for medicines for external use.	
Recommendation 7 **Ref**: Standard 39 **Stated:** First time	The acting manager should ensure that quantities of Schedule 2 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Records showed that stocks of Schedule 2 controlled drugs were reconciled at each handover of responsibility.	
Recommendation 8 **Ref**: Standard 37 **Stated:** First time	The acting manager should review and revise the management of non-prescribed medicines to address the issues highlighted in Section 7.0	**Met**
	Action taken as confirmed during the inspection: The management of non-prescribed medicines was reviewed and non-prescribed medicines were no longer in use.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, six-monthly supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management has been provided annually. The most recent training was in relation to the management of diabetes on 20 June 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. During the audit of medicines, records of medicines administered showed that medicines had been out of stock on a small number of occasions. The registered manager and staff on duty were reminded that robust procedures must be in place to ensure patients have a continuous supply of their prescribed medicines.

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.

The management of high risk medicines e.g. warfarin and insulin was reviewed. The use of separate administration charts for these medicines was acknowledged. Records showed that warfarin doses had been administered in accordance with the prescriber's instructions, although some of the stock balance records were not accurately maintained. Staff were reminded that stock balance records for supplies of warfarin should be adequately maintained. The management of insulin was reviewed. On one occasion, a patient's blood glucose level was raised above their normal level but had not exceeded the level at which the prescriber should be contacted. The daily notes for this period did not provide any detail of what action, if any, was taken during this period. Staff should ensure that nursing records regarding each patient's care are adequately maintained. A recommendation was made.

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 and oxygen equipment were checked at regular intervals.

Areas for improvement

Nursing records regarding all nursing interventions, activities and procedures carried out in relation to each patient should be adequately maintained.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

The sample of medicines examined in the nursing unit indicated that the majority of medicines had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due. On one occasion, it was noted that a cream prescribed for twice daily administration was being administered once daily. This was addressed during the inspection. Staff were reminded that medicines for external use must be administered as prescribed. The registered manager advised that medicines for external use were being monitored by the registered nurses on duty and that an audit of medicines prescribed for external use was completed by the registered manager on 8 August 2016.

No discrepancies were noted in the medicine audits completed in the residential unit, indicating that these medicines had been administered as prescribed.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were not adequately recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were not always recorded and a care plan was not maintained. These issues should be addressed. A recommendation was made.

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 a pain 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. Administration of thickening agents was not recorded; the registered manager provided assurances that this would be addressed. Care plans and speech and language assessment reports were in place.

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

Medicine records were generally well maintained. A small number of incomplete records of medicines administered were noted during the medicines audit. Some records of medicines administered were difficult to audit due to the poor print quality of the records. Records of medicines administered must be adequately maintained. A requirement was made. In the residential unit, staff were reminded that details regarding the administration of prescribed oxygen should be recorded on the personal medication records and the records of medicines administered.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted regarding the management of medicines.

Areas for improvement

The management of medicines prescribed on a "when required" basis should be reviewed and revised; 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. A recommendation was made.

Records of medicines administered must be adequately maintained. A requirement was made.

Number of requirements	1	Number of recommendations	1

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. Patients spoken to advised:

"I've been here 6 years and there's nowhere better."
"That is a lovely nurse."
"I can get pain tablets when I need them."

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.

One unlabelled supply of a thickening agent was noted in the lounge during the administration of medicines. This was removed for disposal. Staff were reminded that all supplies of thickening agents should be appropriately labelled, only administered to the patient for whom they are prescribed and stored safely.

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. Management advised that these were reviewed every three years. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

Staff confirmed that they knew how to identify and report medicine related incidents. No medicine related incidents have been reported since the last medicines management inspection.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. The registered manager was reminded that records of medicines audited should indicate they have been reviewed by the registered manager and should detail any action taken when discrepancies are noted. All medicines in the residential unit have been audited each month. This is good practice.

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

The requirements and recommendations made at the last medicines management inspection have been addressed.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations**	**0**

5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that records of medicines administered are adequately maintained.
	Response by registered provider detailing the actions taken: A revised Drug Sign Sheet is being used to record administration of medication. The records are now clear and easier to audit. Records of the administration of Thickening Agents are now being maintained.
Recommendations	
Recommendation 1 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 September 2016	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.
	Response by registered provider detailing the actions taken: Staff Nurses are aware of the importance of maintaining nursing records and documenting all nursing interventions, particularly in relation to Diabetic patients.
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 30 September 2016	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.
	Response by registered provider detailing the actions taken: A new protocol is in place for the management of medicines prescribed on a "When required" basis for the management of distressed reactions. Care Plans are in place for the relevant patients. When these medicines are administered, the reason for and the outcome of each administration will be recorded. Parameters for administration are clearly recorded on personal medication records.

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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