Unannounced Medicines Management Inspection Report
23 May 2016

Cornfield Care Centre

Kingfisher, Nightingale and Goldfinch Suites

Address: 51 Seacoast Road, Limavady, BT49 9DW
Tel No: 028 7776 1300
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Cornfield Care Centre took place on 23 May 2016 from 10.40 to 14.00.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though two areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations have been made.

Is care effective?
Two recommendations have been made.

Is care compassionate?
No requirements or recommendations have been made.

Is the service well led?
No requirements or 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.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Mrs Jane Bell, 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 previous QIP there were no further actions required to be taken following the last inspection on 7 September 2015.

2.0 Service details

Registered organisation/registered person: Mr Marcus Jervis Nutt	**Registered manager:** Mrs Jane Bell
Person in charge of the home at the time of inspection: Mrs Jane Bell	**Date manager registered:** 1 February 2016
Categories of care: NH-I, NH-DE, RC-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 76

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 two residents, one care assistant, two registered nurses and the registered manager.

The following records were examined:

- 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 7 September 2015

The most recent inspection of the home was an unannounced follow up care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 01 October 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must closely monitor those medicines highlighted during the inspection to ensure that they are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: Those medicines highlighted during the previous medicines management inspection had been closely monitored to ensure compliance.	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that the refrigerators are in good working order and appropriately maintained so that the medicines can be stored at the correct temperature.	**Met**
	Action taken as confirmed during the inspection: The refrigerators were in good working order and the temperatures were being recorded daily. For one refrigerator in the Kingfisher Suite, two thermometers were in use and one of them was not recording the correct temperature. The registered manager advised that she would remove this thermometer immediately and that the temperature of the refrigerator would be closely monitored.	

Requirement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered manager must ensure that there is sufficient storage space in the medicines trolleys and cupboards to ensure that all medicines are safely and securely stored.	**Met**
	Action taken as confirmed during the inspection: There was sufficient storage space for medicines and they were safely and securely stored in the trolleys and cupboards. Staff were reminded that the treatment room door should be locked when not in use.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should closely monitor the completion of the personal medication records in Kingfisher Suite to ensure that they contain all of the required information	**Met**
	Action taken as confirmed during the inspection: Personal medication records had been appropriately completed.	
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that the date of opening is recorded on the blood glucometer control solutions.	**Met**
	Action taken as confirmed during the inspection: The date of opening had been recorded on the control solutions.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should review the management of thickened fluids to ensure that all appropriate records are maintained.	**Partially met**
	Action taken as confirmed during the inspection: The management of thickened fluids has been reviewed, however, the nursing sister advised that it was not possible to record the addition of thickener to fluids on the computerised system. This has been reported to the provider of the system. In the meantime it was suggested that a hard copy record of thickened fluids is maintained. This was agreed by the registered manager and was to be implemented following the inspection. This recommendation has therefore not been restated.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. The registered manager advised that the competency of the registered nurses had been reassessed since she had been appointed. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Training on the new medicines system was provided to nurses on an individual basis by the community pharmacist. The registered manager was aware that a record of this training should be retained and had requested this from the pharmacist.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication 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. 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.

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. There were two refrigerator thermometers in use in the Kingfisher suite, one of which was not working properly. This refrigerator mostly contained food supplements and a small number of eye preparations. This was brought to the attention of the registered manager who agreed to remove the broken thermometer after the inspection and closely monitor the refrigerator temperature.

Staff in the Nightingale suite were reminded that the treatment room door must always be locked when not in use.

Areas for improvement

No areas for improvement were identified during the inspection.

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

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions, however several discrepancies were noted in the audits of liquid medicines in the Nightingale suite. These discrepancies were brought to the attention of the sister in charge of the unit and the registered manager. The liquid medicines in this suite should be closely monitored to ensure that they are being administered as prescribed. A recommendation was made.

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.

A care plan was in place for patients prescribed a medicine for administration on a "when required" basis for the management of distressed reactions. 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. Specific dosage instructions were not recorded on the personal medication record. Details of the dose to be administered and the frequency of administration should be documented. The reason for and the outcome of administration were not always recorded. The management of medicines administered on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all appropriate records are maintained. 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 most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines, nutritional supplements, laxatives and inhaled medicines. A monthly audit was completed by the deputy manager. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted, when necessary, to meet the healthcare needs of patients.

Areas for improvement

The liquid medicines in the Nightingale suite should be closely monitored to ensure that they are being administered as prescribed. A recommendation was made.

The management of medicines administered on a "when required" basis for the management of distressed reactions should be reviewed and revised to ensure that all appropriate records are maintained. A recommendation was made.

Number of requirements:	0	Number of recommendations:	2

4.5 Is care compassionate?

The administration of medicines to several patients in Nightingale suite was observed during the inspection. Medicines were administered to patients in the sitting room after lunch so that their meal time was not disturbed. The staff 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.

The patients spoken to advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a "when required" basis was adhered to e.g. pain relief.

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?

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.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of 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.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jane Bell, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 23 June 2016	The liquid medicines in the Nightingale suite should be closely monitored to ensure that they are being administered as prescribed.
	Response by registered person detailing the actions taken: Audit sheets commeneced. Monthly audit commenced. All RNs advised about compliance.
Recommendation 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 23 June 2016	The management of medicines administered on a “when required” basis for the management of distressed reactions should be reviewed and revised to ensure that all appropriate records are maintained.
	Response by registered person detailing the actions taken: All RNs asked to record resons for giving 'when required medication' and effects. This will be monitored

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

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