Unannounced Medicines Management Inspection Report
16 January 2017

Knockmoyle Lodge

Type of Service: Nursing Home
Address: 29 Knockmoyle Road, Omagh, BT79 7TB
Tel no: 028 8224 7931
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of Knockmoyle Lodge took place on 16 January 2017 from 10:45 to 15:30.

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?

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. Improvements are necessary in the monitoring arrangements for the medicine refrigerator to ensure medicines are stored at the correct temperature. A requirement was stated for the second time.

Is care effective?

Discrepancies were noted in the stock balances of some medicines and the auditing procedures for medicines were not robust. Improvements are also necessary in the management and maintenance of personal medication records. Three requirements were made.

Is care compassionate?

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

Is the service well led?

Systems were in place to enable management to identify and cascade learning from any medicine related incidents. Written policies and procedures for the management of medicines were in place, but have not been reviewed and updated on a regular basis. One recommendation was 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.

For the purposes of this report, the term ‘patients’ will be used to describe those living in Knockmoyle Lodge which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Lovelle Datay, Registered Nurse during the inspection and with Mrs Sarah Hamilton, Acting Manager by telephone on 17 January 2017 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 10 May 2016.

2.0 Service details

Registered organisation/registered person: Mrs Bernadette Kiernan O'Donnell	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Ms Lovelle Datay, Registered Nurse	**Date manager registered:** Mrs Sarah Hamilton – Acting Manager
Categories of care: RC-MP(E), NH-MP(E), RC-DE, NH-DE	**Number of registered places:** 35

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 four patients and two members of staff.

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 10 May 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 23 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that written confirmation of current medication regimes is obtained from a health or social care professional for every patient admitted to the home.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that written confirmation of the current medication regime was obtained from a health or social care professional for every patient admitted to the home and this was evidenced for one patient recently admitted to the home.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must ensure that the medicines refrigerator is maintained between 2 - 8°C and appropriate action is taken when temperatures fall outside this range.	**Not Met**
	Action taken as confirmed during the inspection: Records showed that the refrigerator had not been maintained at the correct temperature. This requirement has been re-stated.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that a copy of the uplift document provided by the waste disposal company is attached to the medicine disposal record.	**Met**
	Action taken as confirmed during the inspection: A copy of the waste disposal uplift document was maintained in the home.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that prescriptions are collected by the home and checked against the home's order before being forwarded to the pharmacist for dispensing.	**Met**
	Action taken as confirmed during the inspection: Staff on duty confirmed that prescriptions are collected by the home and checked against the home's order before being forwarded to the pharmacist for dispensing. A copy of prescriptions was kept in the home.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered provider should review and revise the management of medicines for respite residents that are supplied in monitored dosage cassettes to address the issues highlighted under Criterion 38.2.	**Met**
	Action taken as confirmed during the inspection: There were no monitored dosage cassettes in the home at the time of the inspection. Staff on duty and the acting manager confirmed that the management of medicine for respite residents was reviewed and revised following the last medicines management inspection.	
Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that the room temperature of the treatment room is monitored on a daily basis to ensure it does not exceed 25°C.	**Met**
	Action taken as confirmed during the inspection: Records showed that the temperature of the treatment room has been monitored on a daily basis and had not exceeded 25°C.	

Recommendation 5 **Ref**: Standard 39 **Stated:** First time	The registered provider should ensure that access to the treatment room via the window is restricted.	**Met**
	Action taken as confirmed during the inspection: A chain has been added to the windows in the treatment room which restricted access from outside.	
Recommendation 6 **Ref**: Standard 39 **Stated:** First time	The registered provider should review and revise the storage arrangements for supplies of topical medicines in use.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that creams in use were stored in separate plastic bags.	
Recommendation 7 **Ref**: Standard 37 **Stated:** First time	The registered provider should review and revise the management of anxiolytic medicines prescribed on an "as required" basis for the management of distressed reactions to address the issues highlighted for improvement in Section 7.0.	**Met**
	Action taken as confirmed during the inspection: Care plans for the management of distressed reactions were in place. On some but not all occasions, the reason for administration of medication to help manage distressed reactions and the noted outcome/effect was recorded. Staff were reminded that this should be recorded on each occasion.	

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, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year.

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. However, personal medication records were not always updated by two registered nurses and this should be addressed (see Section 4.4).

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.

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. The medicines refrigerator has not been maintained at the correct temperature and a requirement made at the previous medicines management inspection was stated for the second time.

Areas for improvement

The registered provider must ensure that the medicines refrigerator is maintained between 2 - 8°C and appropriate action is taken when temperatures fall outside this range. A requirement was made.

Number of requirements	1	**Number of recommendations**	0

4.4 Is care effective?

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 sample of medicines was examined; a number of significant discrepancies were noted in the stock balances of some liquid medicines, one inhaler and a number of medicines for a patient recently admitted to the home. The manager must investigate these discrepancies and forward a report of the findings to RQIA. 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. Staff were reminded that the reason for and the outcome of administration should be recorded on each occasion. 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 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.

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 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 reviewed. Improvements are necessary in the maintenance of personal medication records (PMRs); there must be a clear indication of when each PMR was brought into use and when it was discontinued, discontinued PMRs should be archived to ensure only the current PMR is in use and changes to medicines should be managed appropriately. Two registered nurses should verify and sign updates on the PMRs. A requirement was made.

Practices for the management of medicines were audited by the staff. However, the discrepancies noted during the inspection would indicate that the auditing and monitoring arrangements for medicines are not robust and do not include a representative sample of medicines in the home, e.g. liquids and inhalers. This must be addressed. A requirement was made.

Following discussion with the manager and staff, it was evident that when applicable, other healthcare professionals are contacted in response to the healthcare needs of patients.

Areas for improvement

Personal medication records must be adequately maintained. A requirement was made.

The manager must investigate the discrepancies noted during the medicines audit and forward a report of the findings to RQIA. A requirement was made.

The monitoring and auditing arrangements for medicines must be reviewed and revised to ensure they are robust. A requirement was made.

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

4.5 Is care compassionate?

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 advised that they had received their medicines that day, that they could obtain pain relief medication when required, that they were comfortable and that they were happy for the nurses to manage their 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.

Ten staff questionnaires, five relative/visitor questionnaires and ten questionnaires for patients were left in the home to facilitate feedback. At the time of writing, no questionnaires had been returned to RQIA.

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. However, these have not been subject to regular review and update and this should be addressed. A recommendation was made.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. However, where a discrepancy had been identified, there was no evidence of the action taken and learning which had resulted in a change of practice. A requirement regarding medicines auditing and monitoring was made in Section 4.4 above.

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

One of the requirements made at the last medicines management inspection had not been addressed effectively. To ensure that requirements 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.

Areas for improvement

Written policies and procedures for the management of medicines should be subject to regular review and update. A recommendation was made.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sarah Hamilton, Acting 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 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:** Second time **To be completed by:** 16 February 2017	The registered provider must ensure that the medicines refrigerator is maintained between 2 - 8°C and appropriate action is taken when temperatures fall outside this range.
	Response by registered provider detailing the actions taken: New thermometer received and in place. Staff nurses aware of action to be taken when temperature is out of range as dictated by signage on fridge.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 February 2017	The registered provider must ensure that personal medication records are adequately maintained.
	Response by registered provider detailing the actions taken: All staff made aware that medicine kardex must be written and checked with 2 x staff nurses. Receipt and disposal of medication must be accurately recorded with opening dates clearly marked on medicine boxes.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 February 2017	The registered provider must investigate the medicine discrepancies noted during the inspection and forward a report of the findings to RQIA.
	Response by registered provider detailing the actions taken: This has been investigated and report sent on 30.01.17.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 February 2017	The registered provider must ensure that robust policies and procedures are in place for monitoring and auditing medicines.
	Response by registered provider detailing the actions taken: All SOP's for medication have been reviewed and updated. All staff nurses are to sign confirmation of having read same.

Recommendations	
Recommendation 1 **Ref**: Standard 36 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure medicine policies and procedures are reviewed and updated on a regular basis.
	Response by registered provider detailing the actions taken: This has been addressed in full.

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

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