Unannounced Medicines Management Inspection Report
31 May 2016

Millcroft

66 Mill Street, Enniskillen, BT74 6DW
Tel No: 028 6632 4000
Inspectors: Paul Nixon and Frances Gault

1.0 Summary

An unannounced inspection of Millcroft took place on 31 May 2016 from 09.30 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 one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

One recommendation has been stated for a second time.

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. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 4.2 and 5.0 of this report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mrs Carol Kelly, Registered Person and Ms Elaine McLoughlin, Senior Nurse, 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

There were no further actions required to be taken following the last inspection on 13 and 14 April 2016.

2.0 Service details

Registered organisation/registered person: Carewell Homes Ltd./ Mrs Carol Kelly	**Registered manager:** Mrs Carmen Leonard
Person in charge of the home at the time of inspection: Ms. Elaine McLoughlin (Senior Nurse)	**Date manager registered:** 19 January 2012
Categories of care: NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	**Number of registered places:** 80

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 residents, the senior nurse, the clinical lead nurse and four registered nurses.

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

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 13 and 14 April 2016

The most recent inspection of the home was an unannounced care inspection. The report was issued to the provider on 9 May 2016 and the completed QIP will be reviewed by the care inspector when returned to RQIA.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 16 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that supplies of prescribed medicines are only administered to the patient for whom they are prescribed. **Action taken as confirmed during the inspection**: From the outcomes of audits performed and observations made during the inspection, it was concluded that supplies of prescribed medicines were only administered to the patient for whom they were prescribed.	**Met**
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that all cupboards used for storing prescribed medicines are kept locked **Action taken as confirmed during the inspection**: All cupboards used for storing prescribed medicines were locked.	**Met**

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for medicines requiring refrigeration.	**Partially Met**
	Action taken as confirmed during the inspection: The medicines refrigerator in Nightingale House had mostly been maintained within the recommended temperature range of 2°C and 8°C. In Riverside Suite, the temperature had risen slightly above the upper recommended limit on some occasions; the registered person gave an assurance that this matter would be rectified through closer monitoring. Given these assurances by the registered person, this recommendation is not being restated.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that all controlled drugs subject to Safe Custody Regulations are stored in a controlled drugs cupboard.	**Met**
	Action taken as confirmed during the inspection: All controlled drugs subject to Safe Custody Regulations were stored in controlled drugs cupboards.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, is recorded on every occasion.	**Not Met**
	Action taken as confirmed during the inspection: The reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, were not recorded on most occasions. **The recommendation has been restated**	
Recommendation 2 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that the treatment room temperatures are monitored and recorded daily.	**Met**
	Action taken as confirmed during the inspection: The treatment room temperatures were monitored and recorded daily.	

4.3 Is care safe?

Medicines were managed by staff who had been trained and deemed competent to do so. An induction process was in place. Refresher training in medicines management was provided annually. Care staff had received training in the use of thickening agents. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed at the end of the induction period and annually thereafter.

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. One medicine had been unavailable for two days; this was discussed with the registered person and senior nurse.

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. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during patients' admissions to and discharges from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. 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; this was acknowledged as good practice.

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

Appropriate arrangements were in place for the management of medicines which were administered via an enteral feeding tube.

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 manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. Medicine refrigerators and oxygen equipment were checked at regular intervals. In Riverside Suite, the medicines refrigerator temperature had risen slightly above the upper recommended limit on a significant number of occasions during May 2016; the registered person gave an assurance that this matter would be rectified through closer monitoring.

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 sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. A couple of audit discrepancies were drawn to the attention of the registered person and senior nurse, who gave an assurance that the administrations of the medicines would be closely monitored to ensure compliance with the prescribers' instructions. They also gave an assurance that the dosage directions for two eye-treatment medicines, prescribed for one patient, would be clarified with the prescriber. There was evidence that time critical medicines had been administered at the correct time. Arrangements were in place to alert staff of when doses of fortnightly and three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the parameters for administration were recorded on the personal medication record. A care plan was maintained. The reason for and outcome of administration had mostly not been recorded; a recommendation was stated for the second time. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff advised that a pain assessment was completed as part of the admission process. A pain tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

The management of swallowing difficulty was examined. The thickening agent was recorded on the patient's personal medication record and the entry included details of the fluid consistency. Administrations were generally recorded and a care plan and speech and language assessment report 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 maintained in a satisfactory manner and facilitated the audit process.

Practices for the management of medicines were audited throughout the month by the management and staff. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice.

Following discussion with the nursing staff and a review of care files, it was evident that, when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management

Areas for improvement

The reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, should be recorded on every occasion. A recommendation was stated for the second time.

Number of requirements:	0	Number of recommendations:	1

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their rooms. 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.

One patient was left their morning medication to take without being observed doing so by the registered nurse. The registered person gave an assurance that a care plan would be written for any patient who is given medication in this manner.

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 knowledgeable of these policies and procedures and that any updates were highlighted to them by management.

There were robust 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 satisfactory outcomes had been achieved.

One recommendation made at the last medicines management inspection had not been addressed. To ensure that this recommendation is fully addressed and the improvement sustained, it was suggested that the report and QIP should be regularly reviewed as part of the quality improvement process.

Following discussion with staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management. The community nursing services attended the home, as needed, to administer injectable medicines to those in receipt of residential care.

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 issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Carol Kelly, Registered Person and Ms Elaine McLoughlin, Senior Nurse, 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 the 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 37 **Stated:** Second time **To be completed by:** 30 June 2016	The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, is recorded on every occasion. **Response by registered person detailing the actions taken:** All nurses are reminded to record this information on every occasion, Manager monitoring this.

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

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