Unannounced Medicines Management Inspection Report
17 October 2016

County

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel no: 028 6632 3845
Inspector: Helen Mulligan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of County took place on 17 October 2016 from 08:25 to 16:45.

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. In response to intelligence received by RQIA regarding the management of medicines, a decision was taken to bring the date of this scheduled medicines management inspection forward.

Is care safe?

Records showed that staff had received training on the management of medicines and had been deemed competent by management to administer medicines in the home. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Whilst it was acknowledged that systems for the management of medicines had been reviewed and revised in response to recent medicine incidents, it was disappointing to note that further improvements were necessary in the management of medicine shortfalls and staff competency. One requirement and one recommendation were 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. A recommendation made at the last inspection in relation to record keeping by care staff has been stated for a second time as some omissions and incomplete records of administration were evidenced. The medicine auditing procedures require further review and a recommendation was 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?

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. Management should continue to investigate all medicine related incident in an attempt to identify the root cause and ensure appropriate action is taken to reduce the likelihood of recurrence. A 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.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Tanya Taylor-Smith, 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 21 April 2016.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/Dr Maureen Claire Royston	**Registered manager:** Ms Tanya Taylor-Smith
Person in charge of the home at the time of inspection: Ms Tanya Taylor-Smith	**Date manager registered:** 15 April 2016
Categories of care: RC-I, NH-DE, NH-I, NH-PH	**Number of registered places:** 58

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 April 2015.

We met with four patients, one member of care staff, two registered nurses, the deputy manager, the registered manager and Ms Tracey Palmer, Care Homes Support Manager, Four Seasons Healthcare.

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 21 April 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 recommendations from the last medicines management inspection on 11 January 2016

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 29 **Stated:** First time	Records of the administration of medicines by care staff, including thickening agents and medicines for external use should be reviewed and revised.	**Not Met**
	Action taken as confirmed during the inspection: Records had been reviewed and revised. However, records of the administration of thickening agents and medicines for external use by care staff were incomplete and it was not possible to determine from the records if these medicines had been administered as prescribed. This recommendation was stated for the second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	Training on the management of thickening agents, medicines for external use and supplements should be provided for designated care staff employed in the home and records of training should be maintained.	**Met**
	Action taken as confirmed during the inspection: The registered manager provided confirmation that training on the management of thickening agents, medicines for external use and supplements had been provided to care staff in the home.	
Recommendation 3 **Ref**: Standard 29 **Stated:** First time	A record of the reason for and outcome of any administration of a medicine prescribed on a "when required" basis for the management of distressed reactions should be maintained.	**Met**
	Action taken as confirmed during the inspection: Records of the administration of medicines for the management of distressed reactions were adequately maintained.	

4.3 Is care safe?

An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. There was evidence that an induction policy and procedure was in place for agency nurses with respect to the management of medicines in the home. The impact of training has been monitored through team meetings, supervision and annual appraisal. Competency assessments have been completed following an induction and supervision period for new staff members and annually for other members of staff. Medicines management training has been updated every two years. The deputy manager advised that one newly qualified member of staff who was recently employed in the home was currently undergoing some additional supervision and monitoring with respect to medicines management in the home. In response to the recent medicine incidents in the home, staff competency with respect to the management of medicines should be reviewed. A recommendation was made. The registered manager was reminded that records of staff training, supervision and staff updates should be maintained.

Systems were in place to manage the ordering of prescribed medicines. Staff on duty advised of the procedures to identify and report any potential shortfalls in medicines. Following recent incidents involving out of stock medicines, management introduced new procedures to reduce the risk of further incidents. Despite these improved governance arrangements for medicine stocks and the management of shortfalls, it was disappointing to note during the inspection that two medicines were out of stock in October. It was agreed that the registered manager would investigate these shortfalls and forward a report of the findings to RQIA. Supplies of all prescribed medicines must be available for administration at all times. A requirement was made.

There were satisfactory arrangements in place to manage changes to prescribed medicines. The majority of 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 a patient's admission to the home and discharge from the home. The discharge of a patient was witnessed during the inspection and procedures were in place to ensure the safe transfer of medicines to the patient's relative.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks have been performed on controlled drugs which require safe custody, at each handover of responsibility. Additional checks were also performed on other controlled drugs which is good practice. Arrangements were in place to ensure that controlled drug patches which are required to be administered on a 72 hourly or weekly basis were administered at the correct time. Some recent records of the administration of controlled drug patches in the home were reviewed; no late or missed applications were noted.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. 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. Members of staff were advised that only one medicine disposal record book should be in use at any one time and that they should consider using a separate disposal record book for controlled drugs.

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 were checked at regular intervals.

Areas for improvement

The registered manager should ensure all designated members of staff are competent to manage and administer medicines. A recommendation was made.

Robust monitoring arrangements must be in place to ensure patients have a continuous supply of their prescribed medicines. A requirement was made.

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

4.4 Is care effective?

A sample of medicines was examined; the majority of these 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. Staff were reminded that antibiotics should be administered with appropriate time intervals between doses and that some antibiotics are required to be administered on an empty stomach.

Where 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. The reason for and the outcome of administration were recorded. A care plan was maintained.

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 required fluid consistency. Care plans and speech and language therapist 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 a patient's health were reported to the prescriber.

Medicine records were generally well-maintained and facilitated the audit process. Areas of good practice were acknowledged. Separate records were in place for medicines prescribed on a "when required" basis. A small number of incomplete records of the administration of medicines were noted; members of staff were reminded that a record must be kept of all medicines administered. Records of the administration of medicines for external use and the administration of thickening agents by care staff were not adequately maintained. A recommendation made at the previous medicines management inspection was stated for the second time (see Section 4.2).

Practices for the management of medicines were audited throughout the month by the staff and management. Records of these audits were available for inspection. In response to the recent incidents involving medicines, it was agreed that additional weekly audits would commence with immediate effect. Members of staff are no longer carrying out audit trails (tablet counts) on samples of medicines in the home. It was also agreed that this would be implemented immediately to further improve the home's governance arrangements for medicines and to ensure policies and procedures for medicines management are robust. A recommendation was made.

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

Areas for improvement

Records of the administration of medicines by care staff, including thickening agents and medicines for external use should be reviewed and revised. A recommendation was stated for the second time.

The policies and procedures for auditing medicines should be further reviewed and revised to address the issues highlighted above. A recommendation was made.

Number of requirements	0	Number of recommendations	2

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 spoken to advised that they were happy with the care provided in the home.

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 patient was noted to be distressed and agitated in the dementia unit. Members of care staff on duty were observed providing reassurance and care and the patient settled well.

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. There was evidence these were subject to regular review. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The medicine related incidents reported to RQIA since April 2015 were discussed and reviewed in detail during the inspection. There was evidence of the action taken and learning implemented following these incidents, including the development of an action plan for the management of controlled drug patches and the management of medicine shortfalls. This good practice was acknowledged. Management should continue to investigate all medicine related incidents to attempt to identify the root cause and ensure appropriate action is taken to reduce the likelihood of recurrence. A recommendation was made.

A review of the audit records completed by home staff indicated that largely satisfactory outcomes had been achieved. Where a discrepancy or areas for improvement 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 members of staff were familiar with their roles and responsibilities in relation to medicines management.

One of the recommendations made at the last medicines management inspection had not been addressed. To ensure that all requirements and recommendation are fully addressed and any improvements 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

Management should continue to investigate all medicine related incidents in an attempt to identify the root cause and ensure appropriate action is taken to reduce the likelihood of recurrence. 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 Ms Tanya Taylor Smith, 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 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 the web portal 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:** 17 November 2016	The registered provider must ensure robust procedures are in place for ensuring all patients have a continuous supply of their prescribed medicines.
	Response by registered provider detailing the actions taken: A review of all medicines were completed by the Resident Experience Team who completed a full review of medicines, Kardex's, supplies and ordering with Registered Nurses. Two meetings were held with Boots. Nurses had Supervision on ordering, checking and supply of Medicines. Also Advised that any issues with supply of medicines are reported to manager. Daily medication audit will be completed via QoL.
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** 17 November 2016	Records of the administration of medicines by care staff, including thickening agents and medicines for external use should be reviewed and revised.
	Response by registered provider detailing the actions taken: Meetings and discussions with Nurses and care staff have taken place. Registered Manager will conduct spot checks on documentation and this will be recorded. Three training sessions were carried out on Topical Medicines with all nursing and care staff. A review of Tmar sheets was conducted by the Resident Experience Team.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 17 November 2016	The registered provider should ensure that all designated members of staff are competent to manage and administer medicines.
	Response by registered provider detailing the actions taken: All Registered Nurses have received a further competency on Management of Medicines., supervision on Medicines and Boots training on Management of Medicines and MDS
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 17 November 2016	The registered provider should ensure the policies and procedures for auditing medicines are further reviewed and revised to address the issues highlighted.
	Response by registered provider detailing the actions taken: Policies and procedures for auditing medicines have been discussed at Registered Nurse meeting and under supervision. Daily and weekly auditing is completed via Qol and should any issues be identified Registered manager will address.

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 17 November 2016	The registered provider should continue to investigate all medicine related incidents in an attempt to identify the root cause and to ensure appropriate action is taken to reduce the likelihood of recurrence. **Response by registered provider detailing the actions taken:** Registered Manager with the support of Resident Experience Team carried out investigations and took appropriate action as needed. This included Supervision, Competencies of Management of Medicines being carried out with all nurses, copies of the Management of Medicines policy given to each individual nurse. Meetings held to discuss the medicines issues, where reflective and learning was discussed.

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

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