

Unannounced Enforcement Medicines Management Compliance Inspection Report 15 January 2019



The Graan Abbey

Type of Service: Nursing Home

Address: Derrygonnelly Road, Enniskillen, BT74 5PB

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Inspectors: Helen Daly & Rachel Lloyd

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home that provides care for up to 61 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Registered Provider: Carewell Homes Ltd Responsible Individual: Mrs Carol Kelly	Registered Manager: Mrs Heather Lyttle – application received 31 December 2018 - registration pending
Person in charge at the time of inspection: Mrs Heather Lyttle	Date manager registered: See box above
Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH – physical disability other than sensory impairment	Number of registered places: 61 This number includes: <ul style="list-style-type: none"> • a maximum of 31 patients in category NH-I and NH-PH • a maximum of 20 patients in category NH-DE • a maximum of 10 patients in category NH-MP/MP(E) • a maximum of one named resident receiving residential care in category RC-I and one named resident receiving residential care in category RC-DE

4.0 Inspection summary

An unannounced inspection took place on 15 January 2019 from 10.20 to 13.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulations were in relation to the management of medicines, the lack of effective monitoring and governance arrangements in the home and staff training and accountability. These concerns included the storage of medicines which require refrigeration, the management of medication changes, the inaccurate completion of medication administration records, the management of medication incidents and care planning in relation to the use of medicines for distressed reactions and diabetes. The date of compliance with the notices was 15 January 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000016, issued on 6 December 2018

FTC ref: FTC000017, issued on 6 December 2018

Evidence was available during this inspection to validate compliance with the Failure to Comply Notices.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medication related incidents
- weekly monitoring reports submitted by the quality and governance lead

During the inspection we met with three registered nurses, the clinical lead nurse, the quality and governance lead and the manager.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- medicine audits
- care plans
- training records
- medicine storage temperatures

The areas for improvement identified at the last medicines management inspection had all been included into the two Failure to Comply Notices and were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 December 2018

The most recent inspection of the home was an announced variation to registration premises inspection. The completed QIP will be reviewed by the estates inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 27 November 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Third and final time Included in Failure to Comply Notice FTC000016	<p>The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Action taken as confirmed during the inspection: Registered nurses had received training on how to accurately monitor refrigerator temperatures. The daily records indicated that the temperatures were maintained between 2°C and 8°C. There was evidence that the records were being closely monitored by the management team and that corrective action was taken when necessary.</p> <p>A new ventilation system had been installed in the treatment room in the Primrose unit. The daily records indicated that the temperature in all treatment rooms was maintained at or below 25°C. There was evidence that the records were being closely monitored by the management team.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Third and final time</p> <p>Included in Failure to Comply Notice FTC000016</p>	<p>The registered person shall ensure that robust governance systems are in place so that any shortfalls in medicines management and medication incidents are identified and addressed.</p> <p>Action taken as confirmed during the inspection: A comprehensive audit programme had been implemented. Audits were completed daily for two patients' medicines on each trolley. The audits included audit trails on the administration of medicines, record keeping and care plans. Running stock balances were maintained for some medicines which were not included in the monitored dosage system. A weekly audit was completed by the management team. A summary of the outcomes, training, competency assessments and incidents was emailed to RQIA on a weekly basis. The action taken to address any issues noted was detailed in the report.</p> <p>Medication related incidents had been reported to the prescribers for advice. They had also been reported to RQIA and the relevant health and social care trusts. There was evidence that learning had been shared with the registered nurses to prevent a recurrence.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>Included in Failure to Comply Notice FTC000016</p>	<p>The registered person should ensure that safe systems are in place for the management of medication changes.</p> <p>Action taken as confirmed during the inspection: Records of all changes to the medicines contained in the monitored dosage system were maintained. The record included the date the change was made and the name of the person who had made the change.</p> <p>When the medicines were transferred to the pharmacy for the change to be made a record of the transfer of medicines out of the home and their return was maintained.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>Included in Failure to Comply Notice FTC000016</p>	<p>The responsible individual shall ensure that medication incidents are reported to the prescriber without delay and to the management team for investigation, reporting and action planning to prevent a recurrence.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>Discussion with the registered nurses on duty indicated that they were aware that all medication incidents must be reported to the prescriber without delay and to the management team for investigation, reporting and action planning to prevent a recurrence.</p> <p>There was evidence that medication related incidents had been reported to the prescribers for advice. They had also been reported to RQIA and the relevant health and social care trusts. There was evidence that learning had been shared with the registered nurses to prevent a recurrence.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>Included in Failure to Comply Notice FTC000016</p>	<p>The responsible individual shall ensure that medication administration records are accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The outcomes of the audits which were completed at the inspection indicated that medication administration records had been accurately maintained.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>Included in Failure to Comply Notice FTC000016</p>	<p>The responsible individual shall ensure that care plans for the management of diabetes and distressed reactions provide sufficient detail to direct the nurses when to administer the prescribed medicines.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The care plans for the management of diabetes and distressed reactions reviewed at the inspection provided sufficient detail to direct the nurses when to administer the prescribed medicines.</p> <p>In addition protocols for the use of “when required” medicines for the management of distressed reactions were available on the</p>	<p>Met</p>

	medicines file. The reason for and outcome of each administration had been accurately maintained.	
Area for improvement 7 Ref: Regulation 20 (1) Stated: First time Included in Failure to Comply Notice FTC000017	<p>The responsible individual shall ensure that registered nurses receive further training and competency assessment on the management of medicines and their accountability.</p> <p>Action taken as confirmed during the inspection: The manager provided evidence that all registered nurses had received further training. The training was tailored to cover all areas which had been identified for improvement i.e. guidance on record keeping, the use of the newly introduced monitored dosage system, identifying and managing medication incidents and writing care plans which direct the use of medicines in the management of distressed reactions and diabetes.</p> <p>Training on professional accountability had also been provided for registered nurses. The registered nurses were complimentary regarding the training that they had received.</p> <p>Supervised medicine rounds had been completed with all registered nurses and competencies had been reassessed. The management team advised that registered nurses had responded positively to feedback and worked hard to drive the improvements.</p>	Met

6.3 Inspection findings

FTC Ref: FTC000016

Notice of failure to comply with The Nursing Home Regulations (Northern Ireland) 2005

Health and Welfare of patients

Regulation 13.—

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

(a) any medicine which is kept in a nursing home is stored in a secure place; and

- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
- (c) a written record is kept of the administration of any medicine to a patient.

In relation to this notice the following seven actions were required to comply with this regulation.

The responsible individual must:

- Provide assurance to RQIA that medicines management processes are being monitored for effectiveness. A summary of the medicine audit outcomes and any remedial action taken must be provided by email from the responsible individual, on a weekly basis, to the identified pharmacist inspector in RQIA.
- Ensure that all medication incidents are reported to the prescriber for advice.
- Investigate and report all medicine incidents to RQIA and the relevant health and social care trust. Appropriate action must be taken to prevent a recurrence. There should be systems in place to share the learning identified with the relevant staff.
- Ensure that robust arrangements are in place for the management of medication changes. Records of the transfer of medicines, contained in the monitored dosage system, out of the home and their return must be maintained to provide evidence that discontinued medicines are not administered.
- Ensure that medicines are stored at the correct temperature.
- Ensure that care plans for the management of diabetes and distressed reactions provide sufficient detail to direct the nurses when to administer the prescribed medicines.
- Ensure that medicines are administered as prescribed by the prescriber and that medication administration records are accurately maintained.

The findings of the inspection and the actions taken by the management team and registered nurses to evidence compliance is detailed in Section 6.2.

Evidence was available to validate compliance with this Failure to Comply Notice.

FTC Ref: FTC000017

Notice of failure to comply with The Nursing Home Regulations (Northern Ireland) 2005

Staffing

Regulation 20.—

- (1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –
- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

In relation to this notice the following four actions were required to comply with this regulation.

The responsible individual must:

- Ensure that registered nurses have had further training in the management of medicines and have been assessed as competent in their role. Training should include guidance on record keeping, the use of the newly introduced monitored dosage system, identifying

and managing medication incidents and writing care plans which direct the use of medicines in the management of distressed reactions and diabetes.

- Ensure that all registered nurses are aware of their professional accountability to administer medicines as prescribed and to maintain accurate records.
- Evaluate the effect of the training provided on the practices in the home to ensure that the necessary improvements have been made.
- Take appropriate action if concerns arise regarding the competency of registered nurses.

The findings of the inspection and the actions taken by the management team and registered nurses to evidence compliance is detailed in Section 6.2.

Evidence was available to validate compliance with this Failure to Comply Notice.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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