Unannounced Follow Up Medicines Management Inspection Report 27 November 2018

The Graan Abbey

Type of Service: Nursing Home
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Tel No: 028 6632 7000
Inspector: Helen Daly

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:** See box below
Person in charge at the time of inspection: Ms Heather Lyttle , Manager	**Date manager registered:** Ms Heather Lyttle – registration pending
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: • 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 27 November 2018 from 11.05 to 16.30.

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 last medicines management inspection on 7 August 2018 indicated that robust systems were not in place for some aspects of the management of medicines, in particular the management of medication changes. This was discussed in detail with the then registered manager and the quality and governance lead. An action plan to address the areas identified for improvement was submitted to RQIA immediately following the inspection. The inspection findings and action plan were discussed with senior management in RQIA.

It was agreed that as it was the first month of the new medication supply system and because the quality and governance lead and registered manager were both made aware of the potential risks during the detailed feedback, no further action was required by RQIA at this time. The management team were advised that this follow up inspection would be arranged.

The focus of this inspection was to assess progress with the areas for improvement identified during and since the last medicines management inspection.

The following areas were examined during the inspection:

- the storage of medicines which require refrigeration
- the governance arrangements for medicines management
- the management of medication changes
- the safe disposal of insulin needles
- the management of warfarin

Significant concerns were identified during this inspection regarding the management of medicines and the lack of effective monitoring and governance arrangements in the home. RQIA was concerned that aspects of the management of medicines were in breach of the regulations. Three of the five areas for improvement which had been identified at the last medicines management inspection had not been addressed (see Sections 6.1and 6.2). Safe systems were not in place for the storage of medicines which require refrigeration, the management of medication changes, the management of medication incidents and care planning in relation to the use of medicines for distressed reactions and diabetes. A number of the medicine administration records had not been accurately maintained. The outcome of the inspection indicated that further training and a re-assessment of competency in the management of medicines was required for registered nurses.

As a consequence of these findings, a meeting was held on 4 December 2018 to discuss RQIA's intention to serve two failure to comply notices under Regulations 13 (4) (Health and Welfare), and 20 (1) (Staffing) of The Nursing Homes Regulations (Northern Ireland) 2005. The meeting was attended by Mrs Carol Kelly, Responsible Individual, Ms Wendy Shannon, Quality and Governance Lead, and Ms Heather Lyttle, Manager.

During this meeting, an action plan to address the concerns that had been identified during the inspection was submitted by Mrs Carol Kelly. The action plan evidenced that some progress had been made since the inspection, however, RQIA were not fully assured that the actions to address the breaches in regulations provided sufficient evidence that the necessary improvements had been embedded in practice and would be sustained. Given the potential impact on patient safety, it was decided that the failure to comply notices would be issued, with compliance to be achieved by 15 January 2019.

Areas for improvement were identified as detailed in the quality improvement plan (QIP), see Section 7.0.

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	*7	0

*The total number of areas for improvement include two (in relation to the Regulations) which have been stated for a third and final time and one (in relation to the Regulations) which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Carol Kelly, Responsible Individual, Ms Wendy Shannon, Quality and Governance Lead, and Ms Heather Lyttle, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Two failure to comply notices, FTC Ref: FTC000016, with respect to Regulation 13(4) and FTC Ref: FTC000017, with respect to Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005 were issued to The Graan Abbey. The date for compliance with the Notices is 15 January 2019 when a further medicines management inspection will be completed.

The enforcement policies and procedures are available on RQIA's website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 August 2018. Other than the actions detailed in the QIP no further action was required to be taken. Enforcement action did not result from the findings of the inspection, however it was agreed that this follow up inspection would be carried out to assess progress with the issues that were identified (See Section 4.0).

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medication related incidents

During the inspection the inspector met with two registered nurses, the recently appointed manager, the quality and governance lead and the responsible individual.

A sample of the following records was examined:

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

Areas for improvement identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the responsible individual, the quality and governance lead and the manager, as part of the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last medicines management inspection dated 7 August 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: Second time**	The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature.	**Not met**
	Action taken as confirmed during the inspection: Refrigerator temperatures had not been recorded every day. Some temperatures outside the recommended range had been recorded. See Section 6.2. **This area for improvement was subsumed into FTC000016.**	

Area for improvement 2 **Ref: Regulation 13 (4)** **Stated: Second time**	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.	**Not met**
	Action taken as confirmed during the inspection: Revised auditing systems had been implemented. However, the findings of this inspection indicated that this had not led to sustained improvements in the management of medicines. See Section 6.2. **This area for improvement was subsumed into FTC000016.**	
Area for improvement 3 **Ref: Regulation 13 (4)** **Stated: First time**	The registered person should ensure that safe systems are in place for the management of medication changes.	**Partially met**
	Action taken as confirmed during the inspection: Some improvements in the management of medication changes were observed. However, some changes had not been managed appropriately and there was no clear audit trail to evidence that discontinued medicines had not been administered. See Section 6.2. **This area for improvement was subsumed into FTC000016.**	
Area for improvement 4 **Ref: Regulation 13 (4)** **Stated: First time**	The registered person should ensure that insulin needles are disposed of safely and promptly.	**Met**
	Action taken as confirmed during the inspection: On the day of the inspection four insulin pens were checked. The needles had been disposed of safely.	

A**ction required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015**		
Area for improvement 1 **Ref:** Standard 28 **Stated: First time**	The registered person should ensure that warfarin dosage directions are received in writing and obsolete directions are cancelled and archived. **Action taken as confirmed during the inspection**: Warfarin dosage directions were received in writing and obsolete directions had been cancelled and archived.	**Met**

6.2 Inspection findings

The storage of medicines which require refrigeration

Following the last inspection registered nurses had received training and supervision on how to accurately monitor refrigerator temperatures. We reviewed the daily temperature records for three medicines refrigerators. The temperatures had not been recorded every day. Temperatures outside the recommended range ($2^{o}C$ – $8^{o}C$) had sometimes been recorded and corrective action had not been taken. Consistent recordings were also observed indicating that the thermometer was not being reset each day. Guidance on using the thermometer and accurately monitoring the refrigerator temperature was provided during the inspection. The integrity of medicines requiring cool storage could not be assured. This area for improvement is included in the failure to comply notice.

The governance arrangements for medicines management

A monthly audit tool was now in place. There was evidence that action plans had been developed and implemented when shortfalls had been identified. Antibiotic monitoring forms were also in place and there was evidence that antibiotics were being received promptly and being administered as prescribed. However, significant audit discrepancies in the administration of some medicines were identified at the inspection which indicated that the governance arrangements were not effective in identifying all issues and driving improvement. These discrepancies included all types of medicines which had been supplied in either the monitored dosage system or in their original containers. There was evidence that registered nurses had signed for prescribed medicines that they had not administered and not signed for medicines which they had administered.

Two discrepancies in medicines contained in the monitored dosage system had been identified by the registered nurses but these had not been referred to the prescriber for advice or reported to the management team for investigation and reporting to the RQIA, the relevant trust for consideration as a safeguarding matter and the patient's family or representative. The audit findings were discussed in detail with the management team during feedback and assurances were provided that the prescribers would be contacted for advice. Registered nurses should be made aware that 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.

The responsible individual must ensure that medicines are administered as prescribed, medication administration records are accurately maintained and medication incidents are managed appropriately. The area for improvement in relation to governance and audit and the two areas for improvement, in relation to medication administration records and medication incidents are included in the failure to comply notice.

The management of medication changes

The management team advised that any changes to the contents of the monitored dosage system were now carried out by the community pharmacist. However, we could not confirm when discontinued medicines had been removed from the monitored dosage system and on one occasion a dose of a discontinued medicine was administered. 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. During the current medication cycle there was evidence that staff had not identified anomalies between the contents of the monitored dosage system and the personal medication records. These findings indicated that robust systems were not in place for the management of medication changes and that the responsible individual needed to address the deficits in relation to staff knowledge regarding their accountability in relation to the management of medicines.

The areas for improvement in relation to the management of medication changes and staff training and competency assessment (see below) are included in the failure to comply notices.

The safe use of insulin needles

On the day of the inspection four insulin pens were checked. The needles had been disposed of safely and promptly. For one patient a fast acting insulin was stored in the refrigerator but details of its use were not recorded on the personal medication record or in a care plan. Staff were unable to confirm if it was currently prescribed. The manager discussed this with the diabetes specialist nurse following the inspection. Care plans for the management of diabetes must provide sufficient detail to direct the nurses when to administer the prescribed medicines. An area for improvement is included in the failure to comply notices.

The management of warfarin

Warfarin dosage directions were received in writing. All transcribing was verified and signed by two registered nurses. Obsolete directions are cancelled and archived. Daily running balances had been maintained to enable registered nurses to identify any discrepancies immediately. Despite this system being in place an error in administration had occurred recently and this had not been identified by the registered nurses. As previously identified in this report, robust governance systems should be in place to ensure that medication incidents are identified and addressed.

Other areas examined

We reviewed the management of distressed reactions for one patient. Two medicines were prescribed for use “when required”. The care plan did not provide sufficient detail to direct the administration of these medicines. Care plans for the management of distressed reactions should provide sufficient detail to direct the nurses when to administer the prescribed medicines. An area for improvement is included in the failure to comply notice.

The standard of cleanliness of the treatment rooms was discussed with the management team at the last inspection and treatment rooms had been added to the cleaning schedule. However, some discontinued medicines and boxes were observed on the treatment room floors which presented a trip hazard. A small number of out of date medicines were removed for disposal by the manager during the inspection. The temperature of the treatment rooms was not being monitored, with the temperature in one of the rooms over 25^{o}C on the day of the inspection. The responsible individual advised that all treatment rooms had been deep cleaned following the inspection and that all discontinued medicines had been removed for disposal. Digital thermometers had been obtained to monitor the room temperatures. Assurances were provided that the storage arrangements would be included in the auditing process to ensure sustained improvement.

The outcome of this inspection indicated that there were concerns that medicines were not being effectively managed by the registered nurses which had the potential to impact on the health, safety and well-being of patients. There was a lack of effective management oversight to ensure that registered nurses always followed the policies and procedures in relation to all aspects of the management of medicines in the home. There was insufficient evidence to assure RQIA that registered nurses understood the systems in place for the management of medicines. Registered nurses should have further training in the management of medicines and competencies should be re-assessed. 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. An area for improvement is included in the failure to comply notice.

Areas for improvement

Areas for improvement were identified throughout the inspection in relation to the management of medicines, the governance arrangements and the staff training and competency. Two failure to comply notices under Regulations 13(4) and 20 (1) of The Nursing Homes Regulations 2005 were issued.

	Regulations	Standards
Total number of areas for improvement	4	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Heather Lyttle, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 13 (4) **Stated:** Third and final time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Fridge temps recorded daily using revised documentation. Cursory audits carried out by SMT. Staff training on 6/12/18 included monitoring and storage of fridge items/recording of fridge and treatment room temps. Resetting of fridge also had to be demonstrated during 1:1 supervised Medicines rounds and competencies. All drug fridges checked by Aquilant 11/1/19-no issues found. Digital thermometers placed in treatment rooms. Extra ventilation system installed in Primrose Treatment room to maintain room temp below 25 degrees celcius. No further issues noted. Revised temperature log for both fridge and treatment room checks implemented. Instructions on how to reset thermometer on each fridge in the home. SOP implemented for monitoring fridge temperature.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Third and final time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	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. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: New audit documentation implemented for daily/environmental audits. Documentation revised in respect of: changes to medication prescribed anti-biotic audit

	PRN protocol medicine kardex/MAR sheet inhaler/insulin records supplements/thickening agents warfarin treatment room checks topical prescriptions Hydroxocobalamin Injection Cursory checks carried out by SMT A verbal instruction document has been implemented to record instructions from GP An audit calendar has been implemented in respect of Medicines Management Home Managers' Monthly Medicines Audit revised and implemented Supplying Pharmacy is scheduled to carry out quarterly Pharmacy audits
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	The registered person should ensure that safe systems are in place for the management of medication changes. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Changes to Pillpac medication has been revised to include record that the Pillpac has been signed out of the Home to return to Pharmacy, and receipted back in. If the Pharmacist comes to the Home to remove the discontinued medication, the 'Changes to Medication' Record is also signed. Training carried out 6/12/18 included this amendement to the document.

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	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. Ref: 6.2
	Response by registered person detailing the actions taken: Training on 6/12/18 Training by Rosemary Wilson on 10/1/19 included incident reporting and errors. This was also covered extensively during 1:1 supervision and competencies. Staff were shown a copy of the Notification and the type of incidents/errors that are reportabale. Staff have become more aware of incident reporting, what to report, and RQIA have received forms as required for incidents/errors reported to management.
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	The responsible individual shall ensure that medication administration records are accurately maintained. Ref: 6.2
	Response by registered person detailing the actions taken: All training recorded as above included accurate and timely completion of MAR sheet against the medicine kardex. Medicine kardex has been revised for Pillpac medicines PRN Non sacheted regular medication anti-biotics creams and lotions once only prescriptions Staff have found this very beneficial. The MAR sheet has also been revised to A4 size.

Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000016	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. Ref: 6.2
	Response by registered person detailing the actions taken: Actioned. Care plans have been updated for relevant patients to make them person centered. Relevant care plans have been audited by SMT. PRN protocol has been implemented. This is retained in the medicine kardex.
Area for improvement 7 **Ref:** Regulation 20 (1) **Stated:** First time **To be completed by:** 15 January 2019 as outlined in The Failure to Comply Notice FTC000017	The responsible individual shall ensure that registered nurses receive further training and competency assessment on the management of medicines and their accountability. Ref: 6.2
	Response by registered person detailing the actions taken: All nurses have undergone 1:1 supervision followed up by a detailed medicine competency. Training recorded as in Area for Improvement No 4 of this report.

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

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