Unannounced Medicines Management Inspection Report
7 August 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 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 with 61 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd **Responsible Individual:** Mrs Carol Kelly	**Registered Manager:** Ms Pamela Fee
Person in charge at the time of inspection: Ms Pamela Fee	**Date manager registered:** 21 September 2016
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 There shall be a maximum of 31 patients in category NH-I and NH-PH, a maximum of 20 patients in category NH-DE and a maximum of 10 patients in category NH-MP/MP(E). There shall be a maximum of two named residents 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 7 August 2018 from 10.25 to 16.10.

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 assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the standard of maintenance of the personal medication records.

At the beginning of the inspection we observed poor management of medication changes for one patient. This then became the main focus of the inspection. The management of medication changes for a further five patients was examined.

The outcome of this inspection and in particular the management of medication changes using the newly introduced monitored dosage system was discussed with senior management in RQIA. It was agreed that as this was the first month of the new 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. Areas

for improvement were also identified in relation to the governance arrangements, the storage of medicines, insulin needles and warfarin.

We spoke with two patients who were complimentary regarding the care and staff in the home.

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	*4	1

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Pamela Fee, Registered Manager, and Ms Wendy Shannon, Quality and Governance Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

As stated above, the outcome of this inspection and in particular the management of medication changes using the newly introduced monitored dosage system was discussed with senior management in RQIA. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 and 27 June 2018. 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
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two patients, one care assistant, three registered nurses, the quality and governance lead and the registered manager.

We provided the registered manager with ten questionnaires to distribute to patients and their representatives, for completion and return to RQIA. We left 'Have we missed you' cards in the home to inform patients/their representatives, how to contact RQIA to tell us of their experience of the quality of care provided. Flyers providing details of how to raise concerns were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

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
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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

The findings of the inspection were provided to the quality and governance lead and registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 and 27 June 2018

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 the next care inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 15 January 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:** First time	The registered person shall ensure that prescribed medicines are available for administration at all times.	**Met**

	Action taken as confirmed during the inspection: All medicines were available for administration on the day of the inspection. A review of the medication administration records indicated that medicines were not omitted due to supply issues. Discussion with the registered manager and registered nurses indicated that they were aware of their accountability to ensure that medicines were available.	
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that antibiotics are administered as prescribed and commenced without delay. **Action taken as confirmed during the inspection**: Improvements in the management of antibiotics were observed at this inspection. There was evidence that antibiotics were received into the home without delay. Two minor discrepancies were observed. The registered manager advised that she plans to implement antibiotic monitoring forms in order to ensure that dosage regimens are adhered to. **Due to the assurances provided this area for improvement was assessed as met.**	**Met**
Area for improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature. **Action taken as confirmed during the inspection**: Improvements in the storage of medicines which require cold storage were observed. However, the temperature of the refrigerator in the Primrose unit was consistently recorded as 2^{o}C and 10^{o}C. Guidance on resetting the thermometer was provided for the registered nurse and registered manager. **This area for improvement was stated for a second time.**	**Partially met**

Area for improvement 4 **Ref**: Regulation 13 (4) **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: It was acknowledged that a revised auditing system had been introduced which had driven improvements in the management of medicines. However, a new medication system had been introduced within the last month and management had been unaware of the potential safety issues regarding the management of medication changes which were identified at this inspection. **This area for improvement was stated for a second time.**	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that medicines were managed by staff who have been trained and deemed competent to do so. Medicines management training was completed on-line annually. A new medicine management system had been introduced within the last month. Registered nurses had received training and an operations manual was available. Competency assessments were completed annually and records were provided for inspection. Care assistants had received training and been deemed competent to administer thickening agents and emollient preparations.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been provided.

There were systems in place to ensure that medicines were available for administration. Prescriptions were received into the home and checked against the order before being forwarded to the pharmacy for dispensing. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Written confirmation of current dosage regimens was obtained from the prescriber. Personal medication records were verified and signed by two registered nurses. This safe practice was acknowledged. We observed that medicines for one recently admitted patient were not supplied in their dispensed containers. The registered manager and registered nurse were aware that this was unacceptable and corrective action was taken during the inspection. The registered manager advised that this was not the usual practice in the home and that the patient had been admitted late the previous evening. Due to the action already taken and the assurances provided an area for improvement was not specified at this time.

Some practices associated with the new monitored dosage system need to be reviewed and clarified. These included the management of dosage changes using the new system, the process for discontinued medicines, the packaging of "when required" medicines and the supply of medicines administered outside the usual medicine round. Some of the practice seen had the potential to be unsafe whereby the incorrect medicine could be removed from the system. It was acknowledged that staff had put hand written stickers or notes on the records to highlight the changes but this was also not without risk.

We observed poor audit outcomes for some recently prescribed medicines. These findings were discussed in detail with the quality and governance lead and registered manager. The registered person should ensure that safe systems are in place for the management of medication changes. An area for improvement was identified.

The management of insulin was reviewed. Clear records of prescribing and administration were in place. In-use insulin pens were stored at room temperature and the date of opening was recorded. However, we observed needles had been left on two insulin pens. This is unsafe practice. An area for improvement was identified.

The management of warfarin was reviewed. Dosage directions were received via telephone call and transcribed on a warfarin administration chart by two registered nurses. Running stock balances were maintained and the audits carried out were correct. Obsolete dosage directions had not been cancelled and archived. In the interests of safe practice warfarin dosage directions should be received in writing and obsolete directions should be cancelled and archive. An area for improvement was identified.

The registered manager advised that satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

The management of controlled drugs was not reviewed at this inspection.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. Dates of opening were recorded on most medicine containers to facilitate audit and disposal at expiry. The need for the treatment rooms to be clean and tidy was discussed with the registered manager for ongoing monitoring. As detailed in Section 6.2 the temperature of the medicine refrigerator in the Primrose unit was not being accurately monitored. An area for improvement was stated for the second time.

Areas of good practice

There were systems in place to ensure that antibiotics and newly prescribed medicines had been received into the home without delay.

Areas for improvement

The registered person should ensure that safe systems are in place for the management of medication changes.

The registered person should ensure that insulin needles are disposed of safely and promptly.

The registered person should ensure that warfarin dosage directions are received in writing and that obsolete dosage directions are cancelled and archived.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines examined had been administered in accordance with the prescriber's instructions. The discrepancies in the administration of recently prescribed medicines were discussed in detail with the registered manager and the quality and governance lead for ongoing close monitoring.

The management of distressed reactions was reviewed and found to be satisfactory.

The management of pain was not reviewed at this inspection.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, care plans and speech and language assessment reports were in place. Records of prescribing and administration, which included the recommended consistency levels, were appropriately maintained.

Registered nurses advised 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.

The personal medication records and medication administration records were well maintained. However some previous medication administration records were not available as the filing system was not consistent. The registered manager advised that this would be reviewed with all registered nurses to ensure that records were immediately retrievable. Due to the assurances provided an area for improvement was not specified at this time.

Following discussion with the registered manager and registered nurses, it was evident that, when identified, other healthcare professionals were contacted in response to medication related issues. Staff advised that they had good working relationships with healthcare professionals involved in patient care.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and care planning for distressed reactions and thickening agents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed the administration of medicines to a small number of patients. The registered nurses engaged the patients in conversation and explained that they were having their medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes. Patients were observed to be relaxed and comfortable.

We spoke with two patients who were complimentary regarding the care provided and staff in the home.

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. Two were completed and returned. The responses indicated that the patients/their representatives were very satisfied with the care provided.

Any comments from patients and their representatives in questionnaires received after the return date (two weeks) will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to listen to patients and to take account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data within The Graan.

Written policies and procedures for the management of medicines were in place. They were not reviewed at the inspection. The need to ensure that the policies and procedures include the new medication system, with guidance on managing medication changes, was discussed.

The registered manager advised that staff knew how to identify and report incidents and were aware that medicine incidents may need to be reported to the safeguarding team. No medication related incidents had been reported since the last medicines management inspection.

The governance arrangements for medicines management were examined. Management advised of the auditing processes which had been introduced since the last medicines management inspection. The evidence seen indicated that the new medication system had introduced a number of risks in the administration of medicines. These had not been recognised by registered nurses or management. An area for improvement with regards to the governance arrangements was stated for a second time.

Not all of the areas for improvement identified at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

No online questionnaires were completed by staff with the specified time frame (two weeks).

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

No new areas for improvement were identified. One area for improvement with regards to governance arrangements was stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Pamela Fee, Registered Manager, and Ms Wendy Shannon, Quality and Governance Lead, 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 via the 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:** Second time **To be completed by:** 7 September 2018	The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Actioned. Notice placed on fridge in Primrose unit and audit of fridge temperatures has been conducted. No issues identified.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 7 September 2018	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: 6.2 and 6.7
	Response by registered person detailing the actions taken: Actioned. Staff meeting held and QIP shared with RN's, supervision with RN's.RN's advised that any discrepancies must be reported to manager, as these must be notified to RQIA.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 September 2018	The registered person should ensure that safe systems are in place for the management of medication changes. Ref: 6.4
	Response by registered person detailing the actions taken: Actioned. Supplying pharmacist comes to the Home to remove discontinued medications from MDS. RN's were advised of this at staff meeting and during supervision. Management continues to monitor.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 September 2018	The registered person should ensure that insulin needles are disposed of safely and promptly. Ref: 6.4
	Response by registered person detailing the actions taken: Actioned. This was discussed at staff meeting, insulin pens are checked and no issues identified since.

Action 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. Ref: 6.4
To be completed by: 7 September 2018	**Response by registered person detailing the actions taken:** Actioned. GP forwards written direction and old records are archived. Management will continue to monitor.

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

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