Unannounced Medicines Management Inspection Report
6 February 2017

The Tilery

Type of Service: Nursing Home
Address: 130 Swanlinbar Road, Florencecourt, Enniskillen, BT92 2DZ
Tel no: 028 6634 8811
Inspector: Helen Mulligan

1.0 Summary

An unannounced inspection of The Tilery took place on 6 February 2016 from 10:30 to 15:20.

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.

Is care safe?

Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. Improvements are necessary in the monitoring arrangements for controlled drugs and in the security of the storage arrangements for medicines. A requirement was made and a recommendation was stated for the second time.

Is care effective?

Discrepancies were noted during the audit of medicines and pain relieving patches had been omitted in error. Improvements are necessary in the governance and auditing arrangements for medicines. Improvements are also necessary in the management of thickening agents prescribed for patients who have a swallowing difficulty. Three requirements were made, one of which was stated for the second time.

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. There were arrangements in place for the management of medicine related incidents and staff knew how to identify and report incidents. There were no areas for improvement identified.

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.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Eileen Stanford, 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 and premises inspection

There were no further actions required to be taken following the most recent inspection on 26 October 2016.

2.0 Service details

Registered organisation/registered person: The Tilery Mrs Claire Stranney Mr Stephen Stranney	**Registered manager:** Mrs Eileen Stanford
Person in charge of the home at the time of inspection: Mrs Eileen Stanford	**Date manager registered:** 8 December 2016
Categories of care: RC-I, NH-I	**Number of registered places:** 40

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

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.

We met with six residents, three members of staff, and two patients' visitors/representatives.

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 26 October 2016

The most recent inspection of the home was an announced care and premises pre-registration inspection. No QIP was issued at this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection 24 August 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered person must ensure that Ebixa liquid is administered in accordance with the prescriber's and manufacturer's instructions.	**Met**
	Action taken as confirmed during the inspection: An urgent actions letter regarding this requirement was issued at the last inspection and the registered manager provided assurances that the requirement had been addressed. No patients were prescribed Ebixa liquid at this inspection.	
Requirement 2 **Ref:** Regulation13(4) **Stated:** First time	The registered person must ensure that there are robust arrangements in place to audit all aspects of the management of medicines and any discrepancies must be investigated and managed appropriately.	**Partially Met**
	Action taken as confirmed during the inspection: Some improvements in the auditing arrangements for medicines were noted. However, further improvements are necessary to ensure that governance arrangements are robust and that the outcomes of medicine audits are reviewed and followed up appropriately to ensure any learning is embedded into practice. During the inspection, the newly registered manager advised that she had already identified the need for further improvements in the home's auditing and governance arrangements and that these would be implemented as a matter of priority. This requirement has been stated for the second time.	

Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person must ensure that evidence of professional advice is in place for any crushing or disguising of medicines.	**Met**
	Action taken as confirmed during the inspection: Following the last inspection, the registered manager advised that advice would be sought from a pharmacist or medicine information service regarding any crushing or disguising of medication. At this inspection, it was noted that no medicines in the home were required to be crushed prior to administration or to be administered in disguised form.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** Second time	The registered manager should ensure that prescriptions are received into the home and checked against the order before being forwarded to the community pharmacist for dispensing.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that the majority of prescription forms are being collected from the prescriber and checked against the home's order before being forwarded to the pharmacy for dispensing. The registered manager also advised that she had experienced some difficulties in organising the new arrangements for the collection of prescriptions, but that this was being managed in consultation with the GP surgeries.	
Recommendation 2 **Ref:** Standard 30 **Stated:** First time	It is recommended that the registered person should ensure maximum and minimum refrigerator temperatures are monitored and recorded on a daily basis.	**Met**
	Action taken as confirmed during the inspection: Records of daily maximum and minimum refrigerator temperatures were maintained and these were reviewed during the inspection. It was noted that staff are not always re-setting the thermometer on a daily basis; the registered manager provided assurances that this would be addressed immediately.	

Recommendation 3 **Ref:** Standard 28 **Stated:** First time	It is recommended that the registered person should ensure supplies of Schedule 4 controlled drugs are included in the home's auditing and monitoring procedures on a regular basis.	**Not Met**
	Action taken as confirmed during the inspection: Records showed that this had been addressed following the inspection, but had not been sustained. Staff have not monitored stock levels of Schedule 4 controlled drugs since March 2016. This recommendation has been re-stated.	
Recommendation 4 **Ref:** Standard 28 **Stated:** First time	It is recommended that the registered person should ensure comprehensive care plans are in place for patients prescribed medicines on a "when required" basis for the management of distressed reactions and records of the administration of such medicines should include the reason for the administration and the observed effect.	**Met**
	Action taken as confirmed during the inspection: Care plans for the management of distressed reactions were in place. Medicines prescribed on a "when required" basis for the management of distressed reactions have not been required to be administered recently. Staff who were spoken to were aware that where these medicines are required to be administered, the reason for administration and the noted outcome/effect should be recorded.	

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and appraisal. Competency assessments were due for completion this month. Refresher training in medicines management was provided in the last year. The most recent training was in relation to the management of dysphagia. The registered manager provided evidence that care staff who are required to witness the administration of controlled drugs have been trained and deemed competent to do so.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication 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 admission process for one patient recently admitted to the home was reviewed and noted to be satisfactory.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. One transcribing error was noted in the controlled drug record book. Staff were reminded that records must be accurately maintained. Stock balances of Schedule 2 controlled drugs in the home were checked and these matched the stock balances recorded in the controlled drug record book.

Checks have been performed on controlled drugs which require safe custody, at the end of each shift. Supplies of Schedule 4 controlled drugs should be included in the home's auditing and monitoring procedures on a regular basis. A recommendation has been stated for the second time.

Satisfactory arrangements were observed for the management of high risk medicines, including 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.

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, one of the medicine trolleys in the home was not immobilised and the security chain for immobilising the trolley was broken. This must be addressed to ensure that all medicines are stored securely. A requirement was made. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals. The registered manager was reminded that all oxygen cylinders should be chained to the wall when not in use and appropriate signage should be displayed in all areas where oxygen is stored. Two oxygen cylinders in the entrance hall were removed for return to the pharmacy during the inspection.

Areas for improvement

Supplies of Schedule 4 controlled drugs should be included in the home's auditing and monitoring procedures on a regular basis. A recommendation was made for the second time.

All medicines trolleys must be immobilised when not in use. A requirement was made.

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

4.4 Is care effective?

A sample of medicines and medicine records were examined and audited. Some discrepancies were noted in these audits and a number of audits could not be completed as one personal medication record could not be located. The registered person must ensure that there are robust arrangements in place to audit all aspects of the management of medicines and any further discrepancies must be investigated and managed appropriately. A requirement made at the previous medicines management inspection was stated for the second time.

It was noted that pain relieving patches prescribed on a 72 hourly basis for one patient had been omitted on 24 January 2017. Staff had not identified this omission. During the inspection,

the registered manager reviewed the daily nursing notes for this patient and advised that there was no recorded evidence of any pain or distress as a result of the omission. The registered manager must fully investigate this omission and forward a report of the findings along with the action to be taken to prevent any reoccurrence to RQIA. A requirement was made.

There were arrangements in place to alert staff of when doses of weekly and three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the 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. A care plan was maintained.

The management of pain was reviewed. Staff were aware that ongoing monitoring was necessary to ensure any pain was well controlled and the patient was comfortable. Staff advised that a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulties was examined. Care plans for the management of swallowing difficulties and speech and language assessment reports were in place. For those patients prescribed a thickening agent, this was not always recorded on their personal medication record and each administration was not recorded. These records must be maintained. A requirement was made. The registered manager was reminded that a risk assessment should be completed before supplies of thickening agents are stored in patients' bedrooms.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Personal medication records (PMRs) were generally well-maintained. However, two different PMRs were being used for one patient which resulted in different medicine codes being recorded and difficulty in auditing some medicines. Staff were reminded that one PMR should be in use at any one time and that obsolete PMRs should be clearly deleted, signed and dated and archived.

Some practices for the management of medicines were audited on a regular basis by the staff and management. However, audits completed during the inspection indicated that the current governance and auditing arrangements for medicines are not robust and a requirement has been stated for the second time.

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

Areas for improvement

Robust arrangements must be in place to audit all aspects of the management of medicines and any further discrepancies must be investigated and managed appropriately. A requirement was made for the second time.

The omission of pain relieving patches on 24 January 2017 must be fully investigated and a report of the findings along with the action taken to prevent any reoccurrence reported to RQIA. A requirement was made.

Details of prescribed thickening agents must be recorded on the patient's personal medication record and records of the administration of thickening agents must be maintained. A requirement was made.

Number of requirements	3	Number of recommendations	0

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 who were spoken to advised:

"I'm happy here"
"I got my medicines today"
"I can get tablets for pain if I need them – I just ask the staff"
"The food is good here"
"I have no complaints. It couldn't be better"

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.

Ten staff questionnaires, five relative/visitor questionnaires and ten questionnaires for patients were left in the home to facilitate feedback. At the time of writing, no questionnaires had been returned to RQIA.

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. These were last updated in 2014. The registered manager advised they will be updated in 2017.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents, including the training of care assistants to witness the administration of controlled drugs.

A review of the home's audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was some evidence of the action taken and learning which had resulted in a change of practice. However, the governance and monitoring arrangements for medicines were not robust and a requirement regarding the auditing of medicines was stated for the second time in Section 4.4. During the inspection, it was acknowledged that the current manager was only registered with RQIA in December 2016 and had already identified that improvements were necessary in the auditing, monitoring and governance arrangements for medicines.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Not all of the requirements and recommendations made at the last medicines management inspection have been addressed effectively. To ensure that these are fully addressed and any improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Eileen Stanford, 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 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:** 9 March 2017	The registered person must ensure that all medicine trolleys are immobilised when not in use.
	Response by registered provider detailing the actions taken: All medicine trolleys are now immobilised and secure when not in use.
Requirement 2 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 9 March 2017	The registered person must ensure that there are robust arrangements in place to audit all aspects of the management of medicines and any discrepancies must be investigated and managed appropriately.
	Response by registered provider detailing the actions taken: Audit documentation has been reviewed and revised. It now includes discrepancies found which are reported to the Manager for investigation. And the action taken by Manager is also included on this document.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 9 March 2017	The registered provider must fully investigate the omission of pain relieving patches on 24 January 2017 and forward a report of the findings along with the action taken to prevent any reoccurrence to RQIA. .
	Response by registered provider detailing the actions taken: Incident report was sent to RQIA and Trust on the 7th February. The omission of the pain relieving patch was investigated and all staff informed of the need for vigilance in forwarding due date in nurse diary. The manager will audit this regularly. All nursing staff informed that any control drug ommission/error must be reported to RQIA and Trust.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 9 March 2017	The registered provider must ensure that details of prescribed thickening agents are recorded on the patient's personal medication record and records of the administration of thickening agents are maintained.
	Response by registered provider detailing the actions taken: The Manager will ensure that details of prescribed thickening agents are recorded on the patients personal medication record and will audit the administration documents on a regular basis.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time	It is recommended that the registered person should ensure supplies of Schedule 4 controlled drugs are included in the home's auditing and monitoring procedures on a regular basis.
	Response by registered provider detailing the actions taken:

To be completed by: 9 March 2017	A weekly audit on the Schedule 4 controlled drugs is now in place.

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