Unannounced Medicines Management Inspection Report
10 July 2017

The Tilery

Type of Service: Nursing Home
Address: 130 Swanlinbar Road, Florencecourt, Enniskillen, BT92 2DZ
Tel No: 028 6634 8811
Inspector: Catherine Glover

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 40 beds that provides care for patients and residents over 65 years of age.

3.0 Service details

Organisation/Registered Provider: The Tilery Mrs Claire Stranney Mr Stephen Stranney	**Registered Manager:** Mrs Eileen Stanford
Person in charge at the time of inspection: Mrs Eileen Stanford	**Date manager registered:** 8 December 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I - Old age not falling within any other category	**Number of registered places:** 40 comprising: 2 – RC-I 38 – NH-I

4.0 Inspection summary

An unannounced inspection took place on 10 July 2017 from 11.15 to 13.45.

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.

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 medicine records, storage of medicines and controlled drugs.

It was disappointing to note the continued need for improvement in relation to the medicines auditing and governance arrangements. Any improvement in this area has not been sustained. As a result the registered persons met with RQIA to agree the actions that would be taken (see section 4.1).

Patients were relaxed and comfortable 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.

The term "patients" will be used to describe those living in The Tilery which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	0

*The total number of areas for improvement includes one which has been stated for a third time and final time.

Details of the Quality Improvement Plan (QIP) 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 resulted from the findings of this inspection. The registered providers and registered manager were invited to attend a meeting in RQIA on 19 July 2017 to discuss the inspection findings and their action plans to address the issues identified at the inspection. At the meeting, the outcomes of specific medicine audits and the lack of progress in addressing the issues previously raised were discussed and the registered manager provided a comprehensive action plan. The registered provider gave assurances that the necessary support to drive the improvements would be provided. We decided to give the management of the home a period of time to address the concerns. A further medicines management inspection will be carried out to monitor progress. RQIA informed the senior management that further enforcement action may be considered if the issues were not addressed and sustained. RQIA will continue to monitor progress during subsequent inspections.

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 6 July 2017.

5.0 How we inspect

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

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

During the inspection we met with the registered manager and two registered nurses.

A total of 15 questionnaires were provided for distribution to patients, their representatives, and staff for completion and return to RQIA.

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
- policies and procedures
- care plans
- training records
- medicines storage temperatures

Areas for improvements 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 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 6 July 2017

The most recent inspection of the home was an unannounced care inspection.

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 6 February 2017

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 must ensure that all medicine trolleys are immobilised when not in use. **Action taken as confirmed during the inspection**: Medicine trolleys were observed to be immobilised by being chained to the wall.	**Met**
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** Second 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.	**Not met**

	Action taken as confirmed during the inspection: The outcome of this inspection again evidenced ongoing areas for improvement in relation to the monitoring of medicines administration. The outcome of the medicine audits undertaken during the inspection identified that some medicines were not being administered as prescribed. There was limited evidence of the monitoring or audits being completed by management in relation to the administration of medicines. Following the serious concerns meeting in RQIA with the registered manager and one of the registered persons, this area for improvement against the regulations is repeated for the third and final time.	
Area for improvement 3 **Ref**: Regulation 13 (4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: This was investigated and reported to RQIA.	
Area for improvement 4 **Ref**: Regulation 13 (4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Thickening agents were observed to be appropriately recorded on the personal medication records and records of administration had been completed.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 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.	**Met**
	Action taken as confirmed during the inspection: Running stock balances were observed to be recorded for Schedule 4 controlled drugs.	

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.

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. Refresher training in medicines management was provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. 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.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked at regular intervals.

Areas of good practice

There were examples of good practice in relation to staff training, the management of medicines on admission and controlled drugs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Some discrepancies were noted in the sample of medicines that were audited during the inspection which indicated that they had not always been administered as prescribed. Further monitoring of the administration of medicines is required. This is discussed further in Section 6.7.

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. Staff were reminded that the reason for and the outcome of administration should be recorded. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

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

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the administration of transdermal patches.

Following discussion with the registered manager and staff, it was evident other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and care planning

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.

The administration of medicines to patients had been completed at the start of this inspection and was therefore not observed. Staff were knowledgeable about the patients' needs and wishes.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

None of the questionnaires that were issued were returned prior to the issue of this report.

Areas of good practice

Staff listened to patients and relatives and took 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.

The two previous medicines management inspections evidenced ongoing areas for improvement in relation to the monitoring of medicines administration. The quality improvement

plans (QIP) returned by the registered persons had confirmed the action taken to address the shortfalls. However these improvements had not been sustained and this inspection again found shortfalls which must be addressed. Some medicines were not being administered as prescribed which had the potential to affect the health and well-being of patients. There was limited evidence of any monitoring or audits being completed in relation to the administration of medicines. We met with the registered person after the inspection (see section 4.1) and sought assurances that this would be addressed. Given these assurances, the area for improvement in relation to the regulations has been stated for a third and final time.

There were arrangements in place for the management of medicine related incidents. However, due to the lack of a robust auditing system, there is limited assurance that shortfalls would be identified and reported promptly and appropriately.

As one of the requirements made at the last two medicines management inspections had not been addressed effectively, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Written policies and procedures for the management of medicines were in place. They were not reviewed as part of this inspection.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

The registered provider must implement a robust audit tool. Any discrepancies must be investigated and reported to the appropriate authorities for guidance. Action plans must be developed and implemented.

	Regulations	Standards
Total number of areas for improvement	1*	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 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 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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:** 10 August 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. Ref: 6.2 and 6.7
	Response by registered person detailing the actions taken: Action plan was put in place to ensure that there are robust arrangements in place to audit all aspects of the management of medicines. Medicine discrepancies are investigated and managed appropriately.

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