Unannounced Medicines Management Inspection Report
22 November 2016

Knockagh Rise

Type of Service: Nursing Home
Address: 236 Upper Road, Greenisland, BT38 8RP
Tel no: 028 9085 5930
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Knockagh Rise took place on 22 November 2016 from 10.10 to 14.40.

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?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. 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. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their action in dealing with any issues enables the systems in place for the management of medicines to be robust. One area of improvement was identified in relation to the transcribing of warfarin dosage regimes and a recommendation was made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. One area of improvement was identified in relation to the audit of medicines management and a recommendation was made.

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. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Largely satisfactory systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were made.

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 Knockagh Rise which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Ethell Colquhoun, Acting 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 inspections

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspections on 18 October 2016.

2.0 Service details

Registered organisation/registered person: Knockagh Rise Ltd Mr Malcolm James Wilson	**Registered manager:** N/A
Person in charge of the home at the time of inspection: Ms Ethell Colquhoun	**Date manager registered:** Ms Ethell Colquhoun (Acting Manager) application not yet submitted
Categories of care: NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	**Number of registered places:** 29

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.

We met with two patients, two visitors, one member of care staff, two registered nurses and the acting manager.

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. No one availed of this opportunity during the inspection.

Twenty-five questionnaires were issued to patients, patients' relatives/representatives and staff, with a request that these were completed and returned to RQIA within one week of the inspection.

A sample of the following records was examined:

- 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 18 October 2016

The most recent inspection of the home was an unannounced care and announced premises inspection. The completed QIP is due for return by 12 December 2016. This QIP will be validated by the care and premises inspectors at their next inspections.

Immediate action was required regarding the management of medicines in accordance with Regulation 13(1) "The registered provider shall ensure that nursing staff adhere to professional standards for medicines management at all times to ensure patients are not at risk of harm." This was a result of medicine trolleys being unlocked and unattended in an area of the home where patients and other staff had access. Trolleys were observed to be attended and/or locked at all times during this inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 5 November 2015

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time	It is recommended that the procedures in place for the management of the use of "when required" medicines for pain relief and the management of distressed reactions are developed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of these medicines had been developed. Care plans were in place for the management of distressed reactions; however, they did not always include the details of these medicines. A separate administration record was in place for medicines prescribed for use "when required" for the management of distressed reactions and pain.	

	The reason for administration of these medicines was recorded. It was agreed that the outcome of administration should also be recorded for medicines prescribed for the management of distressed reactions. It was additionally agreed that care plans would be further developed to include patient specific details. Due to the assurances received the recommendation was not restated.	
Recommendation 2 **Ref**: Standard 28 **Stated:** First time	It is recommended that procedures are reviewed to ensure that all relevant controlled drugs are denatured prior to disposal.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these procedures are followed. A separate record book was maintained for the destruction and disposal of controlled drugs.	
Recommendation 3 **Ref**: Standard 31 **Stated:** First time	It is recommended that the siting of controlled drugs cupboard is reviewed to ensure it meets the necessary requirements (Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 (Nursing Homes).	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection. The controlled drug cupboard has been affixed to a solid metal plate fixed into the wall.	
Recommendation 4 **Ref**: Standard 45 **Stated:** First time	It is recommended that management of blood glucometers is reviewed, to ensure they are maintained according to the manufacturer's instructions and that records are maintained.	**Met**
	Action taken as confirmed during the inspection: Records of weekly calibration were in place following the last inspection until the middle of October 2016. It was observed that control solutions had expired in the last few weeks. Replacement control solutions were ordered during the inspection and assurances were provided by the acting manager that blood glucose monitor maintenance would resume accordingly. For this reason the recommendation was not restated.	

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 annual appraisal. Competency assessments were completed annually.

Largely satisfactory 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.

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.

The management of high risk medicines e.g. warfarin and insulin was examined. The use of separate administration charts was acknowledged. Staff advised that written instructions of updates to warfarin regimes were not always received promptly and that a registered nurse and second competent member of staff take verbal instructions via a telephone call to reduce the possibility of error. It was recommended that both of these staff transcribe these instructions and sign the record to verify their accuracy. A recommendation was made.

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 organised. 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.

Areas for improvement

The registered provider should ensure that both of the staff involved in receiving telephoned instructions regarding warfarin dosage regimens transcribe these instructions and sign the record to verify their accuracy. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or 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. The reason for administration was recorded. Staff were advised to record the outcome on every occasion. It was additionally agreed that care plans would be further developed to include patient specific details.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that the patients could verbalise any pain. It was agreed that care plans would be further developed to include patient specific details. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, administration was recorded and care plans and speech and language assessment reports were in place. Two recent changes were not recorded on the personal medication record. This was addressed immediately.

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 largely well maintained and facilitated the audit process. Areas of good practice were acknowledged, however the date of opening was not recorded on a significant number of medicines examined. It was recommended that the date of opening should be recorded on all medicines to facilitate audit.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines and end of box audits when the date of opening was recorded. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the acting manager and staff and a review of the care files, it was evident that when applicable, other healthcare professionals are contacted in response to concerns about medicines management.

Areas for improvement

The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit. A recommendation was made.

Number of requirements	0	Number of recommendations	1

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.

There was evidence of good relationships between staff and patients/visitors. The patients/visitors spoken to were complimentary about the care in the home and about the staff.

As part of the inspection process, questionnaires were issued for distribution to patients, relatives/patients' representatives and staff. Four members of staff completed and returned these within the specified timescale. All of the responses were recorded as 'very satisfied' with the medicines management in the home.

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. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. The medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. Staff confirmed that they had been made aware of medicine related incidents.

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

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was usually evidence of the action taken and learning which had resulted in a change of practice. The acting manager was advised to ensure that any discrepancies or issues highlighted by staff are escalated to management to ensure robust governance of all aspects of the management of medicines.

To ensure that requirements and recommendations made following inspections are fully addressed and the 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 Ms Ethell Colquhoun, Acting 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 pharmacists@rqia.org.uk 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	
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 22 December 2016	The registered provider should ensure that both of the staff involved in receiving telephoned instructions regarding warfarin dosage regimens transcribe these instructions and sign the record to verify their accuracy.
	Response by registered provider detailing the actions taken: All warfarin does are are now on new documented sheets with dual signatures.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 22 December 2016	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate audit.
	Response by registered provider detailing the actions taken: All nurses have been up dated on the importance of date of opening,as this is the only audit trail for the medicine.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews