Unannounced Medicines Management Inspection Report
13 April 2016

Kingsway

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Tel No: 028 9060 9930
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Kingsway took place on 13 April 2016 from 10.15 to 16.30.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though one area for improvement was identified and is set out in the quality improvement plan (QIP) within this report.

Is care safe?
No requirements or recommendations have been made.

Is care effective?
One recommendation has been made.

Is care compassionate?
No requirements or recommendations have been made.

Is the service well led?
No requirements or recommendations have been 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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Ms Bernadette Gribben, Registered Manager, and two clinical lead nurses, 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 inspection

Failure to Comply Notices (FTC/NH/1261/2015-16/01 and FTC/NH/1261/2015-16/02) were issued on 15 December 2015 in relation to care practices. The most recent inspection of the home was an unannounced compliance monitoring inspection on 11 February 2016. The outcomes showed compliance with the failure to comply notices.

2.0 Service details

Registered organisation/registered person: Care Circle Ltd/ Mr Christopher Walsh	**Registered manager:** Ms Bernadette Gribben
Person in charge of the home at the time of inspection: Ms Bernadette Gribben	**Date manager registered:** 27 January 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 69

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, one member of senior care staff and four registered nurses.

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/care files
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection was a compliance monitoring inspection on 11 February 2016, the outcomes showed compliance with the failure to comply notices.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 3 March 2015

Last medicine management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal.	**Met**
	Action taken as confirmed during the inspection: Schedule 4 (Part1) controlled drugs were denatured prior to disposal.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must make the necessary arrangements to ensure that all medicines are available for administration as prescribed and any short falls in medicines supplies are identified and followed in a timely manner.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the ordering of medicines and systems were in place to ensure there was a continuous supply of medicines. There was no evidence of any shortfalls in medicine supplies in the records of administration examined.	

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, quarterly supervision and annual appraisal. Competency assessments were completed following induction and were planned to be completed annually. Refresher training in general medicines management was provided in the last year. Further training was planned for later this month and also in May 2016.

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 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 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. It was found that some records of administration were incomplete and this was discussed in detail. A new system regarding checks on controlled drugs had been developed and implemented since this time frame and no further issues were identified. Checks were performed on controlled drugs which require safe custody, at the end of each shift and additional checks were also performed on other controlled drugs; this is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Detailed care plans were in place.

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 and oxygen equipment were checked at regular intervals.

The storage of containers of thickening agents in the home was discussed with reference to a patient safety alert and safe storage. The containers were stored in open areas. Staff had started to address this during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. 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, dosage instructions were recorded on the personal medication record. A detailed care plan was maintained. These medicines were infrequently administered; a reason for and the outcome of the administration was recorded on most occasions. 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 sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. A detailed care plan was maintained. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that some patients could not verbalise their pain, however, a pain tool was used to ensure staff were aware of how the patient expressed pain. 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, 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. In addition, a list of each patient's fluid requirements was held by the care staff to assist in the preparation of drinks.

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 the use of separate administration charts for insulin and warfarin and the safe practice of ensuring that two registered nurses were involved in the administration of each of these medicines. Staff had commenced the rewriting of personal medication records. It was suggested that a review of the format should be considered.

In relation to external preparations, some of the entries on the personal medication records were not up to date. Staff advised that this had been identified and the patient's prescriber had been contacted. It was agreed that this would be followed up after the inspection. Currently, there were no records of the administration of external preparations by care staff. These records had been completed in the past but this practice had lapsed. Staff advised they were aware of the need to put these records in place; however, this had not yet occurred. A recommendation was made.

The majority of administration records stated that medicines were administered at meal times e.g. breakfast, lunch, dinner; however, the actual time of administration was not recorded. This was discussed in relation to medicines which were prescribed at minimum dosage intervals and 'when required' medicines. Staff advised that this issue had been identified in the past and confirmed that this would be further reviewed. It was acknowledged that the actual time had been recorded for medicines which required early morning administration.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, nutritional supplements and inhaled medicines. In addition, a series of audit tools had been recently developed. Some of these had been implemented and others were awaiting implementation.

Following discussion with the registered manager and staff and a review of several care files, it was evident that when applicable, other healthcare professionals were contacted in response to medicine management. Details of the outcome of each visit were recorded.

Areas for improvement

In relation to record keeping, the management of external preparations should be reviewed. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines. These were detailed in a care plan.

The administration of medicines to a small number of patients was observed at the inspection. It was found that the medicines were administered in a caring manner and as discreetly as possible. The patients were given time to take their medicines.

The patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a "when required" basis was adhered to e.g. pain relief.

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. Staff were also aware of the planned improvements within medicines management.

There were robust 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 which had been reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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. They advised that any resultant action was communicated through team meetings, supervision and daily handover.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bernadette Gribben, Registered Manager and two clinical lead nurses as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/s 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 the DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk assessed 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 person/manager 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 person/manager 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:** 14 May 2016	The record keeping for external preparations should be reviewed. **Response by registered person detailing the actions taken:** Review of external preparations undertaken 1. Each prescriber has been contacted to review the prescribtion of external preparations 2. A system to record the administration of external preaprations has been developed and will be implemented for all residents by June 2016 3. Cream risk assessment for storage near to residents to be fully completed in June.

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