

Unannounced Medicines Management Inspection Report 26 May 2016



Our Lady's Home

68 Ard-Na-Va Road, Falls Road, Belfast
Tel No: 028 9032 5731
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Our Lady's Home took place on 26 May 2016 from 10.40 to 15.30.

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.

Is care safe?

No requirements or recommendations have been made.

Is care effective?

No requirements or recommendations have 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.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Gavin O'Hare-Connolly, (Registered Person – registration pending) and Miss Nora Curran (Manager – registration pending) as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 13 April 2016.

2.0 Service details

Registered organisation/registered person: Diocese of Down and Connor Mr Gavin O'Hare-Connolly (Registration pending)	Registered manager: See below
Person in charge of the home at the time of inspection: Miss Nora Curran	Date manager registered: Miss Nora Curran (Registration pending)
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 86

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 on the front door of the home and invited visitors/relatives to speak with the inspector.

We met with four residents, one care assistant, three registered nurses, and two resident's visitors/representatives.

The following records were examined:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- 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 13 April 2016

The most recent inspection of the home was an announced finance inspection. The completed QIP from this inspection is due to be returned to RQIA by 15 June 2016. It will be assessed by the finance inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 06 January 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (4) Stated: Third time	The registered manager must review and revise the management of nutrition and medicines via the enteral route.	Met
	Action taken as confirmed during the inspection: This has been reviewed and revised. Training was completed on 23 March 2016 and all registered nurses have been assessed as competent to administer fluids and medicines via the enteral route. Fluid balance charts had been fully completed.	
Requirement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person must ensure that all patients have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: All medicines audited were available for administration at the time of this inspection. A review of the previous months MARs sheets indicated that medicines had not been out of stock.	

Requirement 3 Ref: Regulation 13 (4) Stated: Second time	The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations are maintained.	Met
	Action taken as confirmed during the inspection: A sample of records was provided for inspection and these had been fully completed.	
Requirement 4 Ref: Regulation 13 (4) Stated: Second time	The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines.	Met
	Action taken as confirmed during the inspection: All nurses have received further training in the management of medicines and competency has been reassessed. A sample of training records and competency assessments was provided for inspection.	
Requirement 5 Ref: Regulation 13 (4) Stated: Second time	The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations.	Met
	Action taken as confirmed during the inspection: Training was provided for all care staff on 10 March 2016 and the competency of all care staff was assessed. A sample of these training records was provided for inspection.	
Requirement 6 Ref: Regulation 13 (4) Stated: First time	The registered person must ensure that medication administration records are accurately maintained.	Met
	Action taken as confirmed during the inspection: The records examined during the inspection were accurately maintained.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28 Stated: Second time	The registered person should ensure that registered nurses highlight any potential out of stock medicines to the acting manager each day for immediate resolution.	Met
	Action taken as confirmed during the inspection: Following the last inspection management had implemented escalation forms for out of stock medicines which were completed by the nurses and actioned by the management team. As the problems with stock control have been resolved, the forms were no longer in use.	
Recommendation 2 Ref: Standard 28 Stated: Second time	The registered person should ensure that a comprehensive medicines management audit tool is developed and carried out by the management team at specified intervals.	Met
	Action taken as confirmed during the inspection: A comprehensive programme of auditing was in place. A running stock balance was recorded for most medicines that were not contained within the monitored dosage system, the sister in charge of each unit has completed peer audits on a weekly basis and the management team has completed a monthly audit. The outcomes of the audits were discussed with staff and remedial action was taken when necessary.	
Recommendation 3 Ref: Standard 4 Stated: Second time	The registered person should review the management of pain for those patients who cannot verbalise their pain as detailed in the report.	Met
	Action taken as confirmed during the inspection: The management of pain has been reviewed. A pain tool was used to assess levels of pain and this was reviewed monthly or more often if needed for all patients.	

4.3 Is care safe?

This inspection was undertaken in Units B, C and D3.

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 for all staff. Samples of induction, training and competency records were provided for inspection.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The management in the home have been closely monitoring stock supply issues and have reviewed procedures with the community pharmacy. 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 controlled drug record books. 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 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.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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, specific 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 and the outcome of administration were recorded. A care plan was maintained.

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 most of the patients could verbalise any pain, and a pain tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed monthly and as part of the admission process.

The management of swallowing difficulties 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 additional records for the administration of transdermal patches and reminders for medicines that are administered outside the times of the usual medicine round.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances of medicines not stored in monitored dosage cassettes, nutritional supplements and inhaled medicines. The sister in charge of each unit has completed a peer audit on a regular basis and management has completed a monthly audit.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their room after lunch so that their meal time was not disturbed. The staff administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The patients we talked to 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 were responded to promptly e.g. for pain relief. Patients told us that they were very happy in the home and had good relationships with staff. The two visitors we spoke to said that they had no concerns regarding their relative’s medicines and explained that the nursing staff were very responsive to any concerns that were raised regarding the health of their relative.

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.

The manager explained how the home was raising awareness of services provided within the trust to reduce hospital admissions. She has produced guidance for nursing staff which is displayed at the telephone points at the nurses’ stations. This guidance directs nurses to ask the General Practitioners or Out of Hours services if they had considered the Acute Care at Home service or BCH Direct, explains what each of these services is and the criteria that must be met to use the service. These initiatives enable patients to access community nursing, geriatricians and Care of the Elderly teams without having to attend Accident and Emergency departments. The patient can then be nursed in the home and avoid a hospital transfer. The manager advised that she had received positive feedback from patients and their families about this process.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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.

There were robust 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. These incidents had been managed appropriately. There was evidence of the action taken and learning implemented following medicine related incidents.

A review of the 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 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 management were proactive in dealing with any issues that had arisen.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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