Our Lady's Home
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Unannounced Medicines Management Inspection of Our Lady's Home

6 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced medicines management inspection took place on 6 January 2016 from 10.15 to 14.35.

It was found that improvements in the management of medicines were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern which will be initially addressed through a further inspection and the quality improvement plan (QIP) within this report.

This inspection was underpinned by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Actions/Enforcement Taken Following the Last Medicines Management Inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 13 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. The outcome of the inspection was discussed with the senior inspector. It was disappointing to note the lack of progress in addressing the issues identified at the last medicines management inspection given the assurances provided by the management team at that time. As a new management team has recently been appointed, RQIA have decided to give a further period of time for the issues to be addressed and for the new team to drive the necessary improvement.

RQIA met with the registered person on 15 January 2016 to discuss the matters and to ensure that he and the team were fully aware that failure to address the concerns may lead to further enforcement action. A further inspection will be carried out to ensure that the required improvements have been made and sustained.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	3

The details of the QIP within this report were discussed with Mr Gavin O'Hare-Connolly, Acting Manager, and Ms Nora Curran, Assistant Director of Nursing, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Diocese of Down and Connor Mr Paul Shevlin	**Registered Manager:** Not applicable
Person in Charge of the Home at the Time of Inspection: Mr Gavin O'Hare-Connolly (Acting Manager)	**Date Manager Registered:** Not applicable
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 86
Number of Patients Accommodated on Day of Inspection: 83	**Weekly Tariff at Time of Inspection:** £593 - £628

3. Inspection Focus

At the inspection on 13 August 2015 all medicines were available for administration. However, there was evidence that medicine doses had been omitted in previous medicine cycles due to prescribed medicines not being available for administration. Following that inspection the management of the home confirmed regularly (via email) that all patients had a continuous supply of their prescribed medicines. On 27 November 2015, the acting manager advised that 18 medicines had been unavailable on 23 November 2015 (the first day of the new medication cycle).

On 2 December 2015 the current acting manager commenced employment as a consultant within the home. He provided assurances that medicines management had been completely reviewed on 3 December 2015 and was being monitored closely, to ensure that medicines were being managed safely and that patients were receiving their medicines as prescribed on all occasions.

Following discussion with senior management in RQIA it was agreed that this medicines management inspection would be undertaken to ensure that patients had a continuous supply of their prescribed medicines.

This inspection sought to assess progress with the issues raised during and since the last medicines management inspection and to determine if the following standards and themes have been met:

Standard 28: Management of Medicines
Standard 29: Medicines Records
Standard 31: Controlled Drugs

Theme 1: Medicines prescribed on a "when required" basis for the management of distressed reactions are administered and managed appropriately.

Theme 2: Medicines prescribed for the management of pain are administered and managed appropriately.

4. Methods/Process

Specific methods/processes used included the following:

The management of incidents reported to RQIA since the last medicines management inspection was reviewed.

We met with the acting manager, the assistant director of nursing and the registered nurses on duty.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicine audits
- policies and procedures
- care plans
- training records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection on 13 August 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Medicines Management Inspection

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered manager must review and revise the management of nutrition and medicines via the enteral route.	**Partially Met**
	Action taken as confirmed during the inspection: The acting manager provided a copy of the draft policy on the management of medicines via the enteral route; this policy was dated 30 December 2015 and was awaiting ratification. This policy had not been shared with staff. The acting manager contacted the trust during the inspection and a copy of the names of registered nurses who had attended training on the management of enteral feeding was obtained. The acting manager gave assurances that competency assessments would be completed with all nursing staff within the next six weeks. There was evidence that daily equipment checks had been carried out on some occasions in some units. The daily fluid intake charts were mostly incomplete and had not been totalled. Registered nurses were not completing these forms in a consistent manner. The registered nurses on duty were unable to explain the recordings from the previous days. Therefore the quality of the information was meaningless and written evidence that the required fluid intake had been achieved was not available. The acting manager advised that plans were in place for computerised records to be maintained from 1 February 2016. This system will alert the management team if recommended fluid intakes have not been achieved. Following discussion with senior management and the assurances provided by the registered person at the meeting on 15 January 2016 it was decided to state this requirement for the third and final time.	

Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that all patients have a continuous supply of their prescribed medicines.	**Not Met**
	Action taken as confirmed during the inspection: Following the last medicines management inspection regular emails were forwarded by management to RQIA confirming that patients had a continuous supply of their prescribed medication. This situation continued until 27 November 2015 when it was reported that at least one dose of 18 medicines had been omitted at the commencement of the new medication cycle on 23 November 2015. The acting manager had also confirmed via two emails (2 December 2015 and 3 December 2015) that a robust system had been implemented whereby two registered nurses confirmed that all medicines were available at the end of each medicine round. The acting manager advised at the start of the inspection that all patients had had a continuous supply of prescribed medicines since 3 December 2015. It was therefore disappointing that we evidenced that doses had been omitted for six medicines in the current medicines cycle which commenced 21 December 2015 despite the systems which had been implemented. The acting manager had not been made aware that these medicines had been unavailable and gave assurances that a thorough investigation would be carried out. This continues to raise concerns about the effectiveness of the systems in place to ensure that patients receive their medicines as prescribed. This requirement is stated for the second time.	

Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that medicines are not routinely omitted because patients are asleep.	**Met**
	Action taken as confirmed during the inspection: A review of the medication administration records in Units B, C, D2 and D3 indicated that medicines were not being omitted due to patients being asleep.	
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations are maintained.	**Not Met**
	Action taken as confirmed during the inspection: At the start of the inspection the acting manager advised that recording systems were in place. We found records for the administration of thickening agents and emollient preparations by care staff to be either incomplete or not maintained. Consistent practice was not observed in all Units. The registered person had advised when returning the QIP that the registered nurses were auditing these records each day but we found little evidence of the practice. This requirement is stated for the second time.	

Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines.	**Not Met**
	Action taken as confirmed during the inspection: As the acting manager had recently commenced employment he was unable to confirm if the training and competency assessments had been completed. Records of training and competency assessments which the returned QIP indicated were completed following the last medicines management inspection were not available. This requirement is stated for the second time.	
Requirement 6 **Ref:** Regulation 13 (4**)** **Stated:** First time	The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations.	**Not Met**
	Action taken as confirmed during the inspection: The acting manager was unable to confirm if the training and competency assessments had been completed. Records of training and competency assessments which the returned QIP indicated were completed following the last medicines management inspection were not available. This requirement is stated for the second time.	

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref:** Standard 28 **Stated:** First 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.	**Partially Met**
	Action taken as confirmed during the inspection: A system had been put into place however it was not effective since doses had been omitted for six medicines within the current medication cycle and these had not been highlighted to the management team. (See response to Requirement 2 overleaf.) This recommendation is stated for the second time.	
Recommendation 2 **Ref:** Standard 28 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: The acting manager was unable to locate the audits which had been completed by the previous management team. The acting manager provided a sample of an audit tool which he intends to complete in future. There was evidence that the community pharmacist had completed an audit following the last medicines management inspection. This recommendation is stated for the second time.	

Recommendation 3 **Ref:** Standard 18 **Stated:** First time	The registered person should review the management of medicines which are prescribed to be administered "when required" for the management of distressed reactions as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of medicines which are prescribed to be administered "when required" for the management of distressed reactions had been reviewed and revised. Care plans were in place and the reason and outcome of administrations had been recorded on most occasions. One anomaly was discussed for review by the acting manager.	
Recommendation 4 **Ref:** Standard 4 **Stated:** First time	The registered person should review the management of pain for those patients who cannot verbalise their pain as detailed in the report.	**Partially Met**
	Action taken as confirmed during the inspection Care plans were in place but they were not detailed. There was no evidence that pain assessment tools were being used routinely. It was acknowledged that some progress had been made. This recommendation is stated for the second time.	

5.3 The Management of Medicines

Is Care Safe? (Quality of Life)

The management of medicines was reviewed in Units B, C, D2 and D3.

At the beginning of the inspection the acting manager advised that medicine management systems had been reviewed and that seven registered nurses had been recruited. The next medication cycle was due to commence on 17 January 2016; prescriptions had been ordered and checked using a new streamlined ordering, collecting and checking system. All prescriptions were available and were currently being dispensed. The acting manager stated that no medicines had been unavailable in the home since the commencement of the current medicine cycle on 21 December 2015.

We found that all patients had a supply of their prescribed medicines for administration as prescribed in Units B and C. One medicine was unavailable in Unit D2; doses had been omitted. Four medicines were unavailable in Unit D3; doses had been omitted for two of these medicines. The registered nurses advised that the medicines were due to be delivered. Doses of six medicines had been omitted during the current medication cycle due to there being no supply in the home. The acting manager advised that these occurrences should have been identified in the shift handover sheets which were implemented on 3 December 2015. He confirmed that a thorough investigation would be completed. The requirement and recommendation regarding medicine availability, which were made at the last medicines management inspection, were both stated for a second time.

An improvement in the standard of maintenance of the medication administration records in Unit D3 was necessary; there were frequent missed signatures. A requirement was made.

The acting manager advised that new personal medication records were being introduced which would be reviewed in detail each week.

Records for the administration of thickening agents and emollients by care staff were either incomplete or had not been maintained. Consistent practice was not observed in all Units. The requirement made at the last medicines management inspection was stated for the second time.

Is Care Effective? (Quality of Management)

The acting manager advised that the new policies and procedures for the management of medicines were currently being ratified.

The acting manager was unable to confirm if registered nurses had received training and competency assessment on the management of medicines following the last medicines management inspection. Plans were in place for all registered nurses (including recently recruited registered nurses) to attend training on 13 and 14 January 2016. The acting manager advised that competency assessments would be completed within six weeks. The requirement regarding training was stated for a second time.

The acting manager was unable to locate the training records to confirm if care staff had received training and competency assessment on the administration of emollient preparations and thickening agents following the last medicines management inspection. He was reminded of the need to ensure that all records were available for inspection. Plans were in place for training to be delivered for all existing staff and for it to be part of staff induction for new staff. The acting manager advised that competency assessments would be completed within six weeks. The requirement regarding training was stated for a second time.

The acting manager advised that auditing would be completed by either himself or the assistant director of nursing each day until he was assured that robust systems were in place. The recommendation regarding auditing was stated for a second time.

The management and reporting of medication related incidents was discussed.

Is Care Compassionate? (Quality of Care)

The records for a number of patients who were prescribed anxiolytic medicines for administration on a "when required" basis for the management of distressed reactions were examined in Unit B and Unit C. Care plans were in place and there was evidence that they were being reviewed. Records of prescribing and administration were in place. The reason for and outcome of administrations had been recorded in the daily care notes on most occasions. One anomaly was discussed for review and referral to the prescriber if appropriate.

Care plans for the management of pain and pain assessment tools were in place. However the care plans were not detailed and the pain assessment tools were not being used consistently in each Unit. The acting manager advised that the home's recording systems would be reviewed. The recommendation regarding the management of pain was stated for a second time.

Areas for Improvement

The registered manager must review and revise the management of nutrition and medicines via the enteral route. A requirement was stated for the third time (see section 5.1).

The registered person must ensure that all patients have a continuous supply of their prescribed medicines. A requirement was stated for the second time.

The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations are maintained. A requirement was stated for the second time.

The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines. A requirement was stated for the second time.

The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations. A requirement was stated for the second time.

The registered person must ensure that medication administration records are accurately maintained. A requirement was made.

The registered person should ensure that registered nurses highlight any potential out of stock medicines to the acting manager each day for immediate resolution. A recommendation was stated for the 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. A recommendation was stated for the second time.

The registered person should review the management of pain for those patients who cannot verbalise their pain as detailed in the report. A recommendation was stated for the second time.

Number of Requirements	**6**	**Number of Recommendations**	**3**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gavin O'Hare-Connolly, Acting Manager, and Ms Nora Curran, Assistant Director of Nursing, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Person/Registered Manager

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with care standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (4) **Stated:** Third time **To be Completed by:** 5 February 2016	The registered manager must review and revise the management of nutrition and medicines via the enteral route.
	Response by Registered Person(s) Detailing the Actions Taken: A policy is now in place on the management of enteral feeding which all nursing staff will have access to. Additional training has been completed with nursing staff through BHSCT to ensure they are proficient in this management system.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** 5 February 2016	The registered person must ensure that all patients have a continuous supply of their prescribed medicines.
	Response by Registered Person(s) Detailing the Actions Taken: A new contract commenced on 17th January 2016 with robust audit and sample checks complete to ensure all residents have a continuous supply of medicines.- This has remained constant.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** 5 February 2016	The registered person must ensure that accurate records for the administration of thickening agents and emollient preparations are maintained.
	Response by Registered Person(s) Detailing the Actions Taken: TMAR in place and ongoing monitoring. Ongoing supervisions with staff on TMAR is in place to ensure moving towards fully compliant. Thickening agents recorded on MAR Sheets.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** 19 February 2016	The registered person must ensure that all registered nurses have received training and competency assessment on the management of medicines.
	Response by Registered Person(s) Detailing the Actions Taken: Ongoing training for nursing staff on medicines managemernt. Joint interprofessional training - NUMARK Pharmacist and Nursing Trainer (combined to cover all aspects of training).
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** Second time **To be Completed by:** 19 February 2016	The registered person must ensure that care staff receive training and competency assessment on the administration of thickening agents and external preparations.
	Response by Registered Person(s) Detailing the Actions Taken: Training is booked and organised for March 2016

Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be Completed by:** 5 February 2016	The registered person must ensure that medication administration records are accurately maintained.
	Response by Registered Person(s) Detailing the Actions Taken: All MAR sheets are now maintained and reviewed. Agency staff erradicated from 24th February which will enhance continuity.
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 5 February 2015	The registered person should ensure that registered nurses highlight any potential out of stock medicines to the acting manager each day for immediate resolution.
	Response by Registered Person(s) Detailing the Actions Taken: This is now in place and no missing items from 17th January 2016
Recommendation 2 **Ref**: Standard 28 **Stated:** Second time **To be Completed by:** 5 February 2015	The registered person should ensure that a comprehensive medicines management audit tool is developed and carried out by the management team at specified intervals.
	Response by Registered Person(s) Detailing the Actions Taken: Medicines audits are now fully in place.
Recommendation 3 **Ref**: Standard 4 **Stated:** Second time **To be Completed by:** 5 February 2015	The registered person should review the management of pain for those patients who cannot verbalise their pain as detailed in the report.
	Response by Registered Person(s) Detailing the Actions Taken: ALL PRN Pain relief has been reviewed and offered in line with individual assesment. Abbey pain scale held for every resident in Dementia Care Unit.

Registered Manager Completing QIP	Gavin O'Hare-Connolly	**Date Completed**	23/2/16
Registered Person Approving QIP	Paul Shevlin	**Date Approved**	23/2/15
RQIA Inspector Assessing Response	Helen Daly	**Date Approved**	18/3/16

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