Unannounced Medicines Management Inspection Report
5 May 2016

Spa Nursing Home

77-79 Grove Road, Ballynahinch, BT24 8PW
Tel No: 028 9756 2578
Inspector: Helen Daly

1.0 Summary

An unannounced inspection of Spa Nursing Home took place on 5 May 2016 from 09:30 to 13:05.

The inspection sought to assess progress with any issues raised 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.

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 some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
One recommendation in relation to the management of controlled drugs has been made.

Is care effective?
Two recommendations in relation to the management of distressed reactions have been made; one was stated for the second time.

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. Recommendations made prior to April 2015 relate to the DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Sections 4.2 and 5.0 of this report.

For the purposes of this report, the term ‘patients’ will be used to described those living in Spa Nursing Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Ms Kelly McKeown, Nurse in Charge, as part of the inspection process. Details were also discussed with Ms Linda Kelly, Operations Support Manager and Mrs Heather Murray, Regional Manager, who were present in the home. 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 estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the last inspection on 26 January 2016.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Mr Christopher Philip Arnold	**Registered manager:** Ms Jocelyn Leyson-Bagood
Person in charge of the home at the time of inspection: Ms Kelly McKeown	**Date manager registered:** 12 August 2009
Categories of care: RC-I, RC-PH, RC-PH(E), NH-TI, NH-PH, NH-I, NH-PH(E)	**Number of registered places:** 36

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with the nurse in charge and two members of the management team.

The following records were 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 26 January 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 4 June 2014

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure that two members of trained staff verify and sign all updates on the personal medication records.	**Met**
	Action taken as confirmed during the inspection: Two members of trained staff had verified and signed the majority of updates on the personal medication records.	
Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that the reason for the administration of medicines for the management of distressed reactions and subsequent outcome are recorded in the patient's daily progress notes on every occasion.	**Not Met**
	Action taken as confirmed during the inspection: These details had not been recorded on the majority of records. This recommendation is stated for the second time.	

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. The nurse in charge advised that competency assessments were completed annually. Refresher training in medicines management was provided by the community pharmacist in March 2016.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. The nurse in charge advised of the procedures to identify and report any potential shortfalls in the supply of medicines.

There were satisfactory arrangements in place to manage changes to prescribed medicines. The majority of the 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. There had been no recent admissions.

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. However, records for the receipt of a number of supplies of BuTrans patches which had been received into the home in April 2016 had not been recorded in the controlled drug record book and therefore balances recorded were incorrect. This had not been identified during the administration process indicating that balances were not checked at each administration. The nurse in charge confirmed that when only one registered nurse is on duty, care assistants witness the administration of controlled drugs; care assistants do not sign for the administration. A recommendation regarding the management of controlled drugs has been made.

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. The nurse in charge was reminded that the type of insulin pen in use must be discarded 28 days after opening. It was agreed that the date of opening and date for disposal would be recorded on insulin pens. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The registered manager should review and revise the management of controlled drugs to ensure that: the controlled drug record book is accurately maintained; controlled drugs are accurately receipted and the signature of the person who witnesses each administration is recorded. A recommendation has been 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, 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. However detailed care plans were not in place for all patients and the reason and outcome of administration had not been recorded on all occasions. Two recommendations were made; one has been stated for the second time.

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 if they were in pain, and a pain tool was used as needed. Staff advised that a pain assessment is 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. Thickening agents were being administered under the direct supervision of the nursing staff.

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.

Practices for the management of medicines were audited throughout the month by the staff and management.

Following discussion with the nurse in charge it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The registered manager should ensure that the reason for the administration of medicines for the management of distressed reactions and subsequent outcome are recorded in the patient's daily progress notes on every occasion. A recommendation has been stated for the second time.

Detailed care plans should be in place when patients are prescribed medicines for administration on a "when required" basis for the management of distressed reactions. A recommendation has been made.

Number of requirements:	0	Number of recommendations:	2

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.

It was not possible to ascertain the views and opinions of patients as they were enjoying their lunch. They were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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. Management advised that these were reviewed regularly. Following discussion with the nurse in charge it was evident that staff were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. No medication related incidents had been reported since the last medicines management inspection.

A review of the home's 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 nurse in charge it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

One of the recommendations made at the last medicines management inspection had not been addressed effectively. To ensure that issues are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with all relevant staff.

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 Kelly McKeown, Nurse in Charge, and two members of the management team 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 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 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 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 37 **Stated:** Second time **To be completed by:** 6 June 2016	The registered manager should ensure that the reason for the administration of medicines for the management of distressed reactions and subsequent outcome are recorded in the patient's daily progress notes on every occasion.
	Response by registered person detailing the actions taken: All nurses have been made aware the importance of recording any outcome for management of distressed reactions on resident's daily progress notes. However, as a result of of this inspection a new record form has been developed and commenced for every resident with distressed reactions.These forms are used by staff for recording the reason and and outcome of any medication administered as prescribed to manage distressed reactions.
Recommendation 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 6 June 2016	The management of controlled drugs should be reviewed and revised as detailed in the report.
	Response by registered person detailing the actions taken: The management of controlled drugs within the home has been reviewed and a new protocol for the administration of medication implemented.
Recommendation 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 6 June 2016	Detailed care plans should be in place when patients are prescribed medicines for administration on a "when required" basis for the management of distressed reactions.
	Response by registered person detailing the actions taken: A detailed care plan will be commenced when resident's are prescribed medicines for administration on a "when required" basis for management of distressed reaction. A new form developed and use to record the reason and outcome of any medication administered as prescribed to manage distressed reaction.

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

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