Unannounced Medicines Management Inspection Report
7 February 2018

Three Islands

Type of Service: Nursing Home
Address: 62-66 Main Street, Toomebridge, BT41 3NJ
Tel No: 028 7965 0650
Inspector: Judith Taylor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 40 beds that provides care for patients living with learning disability.

3.0 Service details

Organisation/Registered Providers: Mr D McAteer & Mrs A McAteer	**Registered Manager:** Mr David Joseph McAteer
Person in charge at the time of inspection: Mr David Joseph McAteer	**Date manager registered:** 7 May 2009
Categories of care: Nursing Homes (NH): LD – Learning disability LD(E) – Learning disability – over 65 years	**Number of registered places:** 40 With associated physical disabilities

4.0 Inspection summary

An unannounced inspection took place on 7 February 2018 from 10.50 to 14.55.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the administration of most medicines, care planning, training and competency assessment, and the safe storage of medicines.

Areas requiring improvement were identified in relation to the disposal of medicines, management of medicines administered on a 'when required' basis, the auditing arrangements for medicines and the updating of records.

Patients were relaxed and comfortable in their surroundings and in their interactions with staff. They were interested in meeting with us and were complimentary about the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr David Joseph McAteer, Registered 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.

4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2018. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- 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 was displayed to inform visitors to the home that an inspection was being conducted.

During the inspection we met with three patients, one registered nurse, the registered manager and we also met briefly with one of the registered providers.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A sample of the following records was 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
- training records
- medicines storage temperatures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last medicines management inspection dated 6 June 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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. Refresher training in the management of medicines, dysphagia, antibiotics, epilepsy and record keeping was provided in the last year.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home.

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. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training was completed on an annual basis.

There were satisfactory arrangements in place for the management of new patient's medicines and for the management of changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged. However, this did not always occur when transcribing the information onto medication administration records.

The registered manager confirmed that this was the expected practice. It was agreed that this would be closely monitored within the audit process and raised with staff at the upcoming staff meeting.

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. A number of Schedule 4 (Part 1) controlled drugs were held in stock and used occasionally. There was no monitoring system in place and several of these medicines could not be audited as the date of opening was not recorded. This was discussed with the registered manager. See also Section 6.5.

Robust arrangements were observed for the management of insulin. A care plan was in place.

The management of discontinued or expired medicines was reviewed. Two staff were involved in the disposal of medicines. The registered manager confirmed that all controlled drugs stored in the controlled drugs cabinet were denatured prior to disposal; however, this was not clearly recorded. Other controlled drugs e.g. midazolam or benzodiazepines were not denatured prior to disposal. This was discussed in relation to the legislation, standards and the organisation's policies and procedures. An area for improvement was identified.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. The medicine refrigerator and oxygen equipment were checked at regular intervals.

We removed three expired medicines from the medicine trolleys. It was also noted that four medicines remained in stock; however, they were not listed on the patients' personal medication records. Following discussion with the registered manager, it was concluded that these medicines had been discontinued and should have been removed from stock. An area for improvement was identified.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment and the management of medicines on admission.

Areas for improvement

The necessary arrangements must be made to ensure that the relevant controlled drugs are denatured prior to disposal and this is clearly specified in the disposal records.

The storage of medicines should be reviewed to ensure that any discontinued medicines or expired medicines are removed from stock in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The majority of medicines were supplied in a 28 day monitored dosage system (MDS). For some medicines which were not supplied in the MDS, but were prescribed on a daily basis, running stock balances were maintained. This good practice was acknowledged. The audit outcomes from a sample of these medicines indicated they had been administered as prescribed.

In relation to all other medicines, the audit trails attempted on several medicines prescribed on a "when required" basis could not be completed, as the date of opening was not recorded and there was no carried forward stock balance. This included analgesics and benzodiazepines. An area for improvement was identified. See also Section 6.7.

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 medicines were due.

The management of pain and distressed reactions was reviewed. Prescribed medicines were recorded on the personal medication record and care plans. When administered, the reason for and outcome of the administration were recorded on most occasions. Staff advised that some of the patients could tell staff or communicate to staff if they were in pain. Staff also advised that they were familiar with the patients' behaviours and non-verbal communication and confirmed that they would know if the patient was in pain/distress. A specific pain and distressed reaction assessment tool was in place. Care plans were maintained.

The management of epileptic seizures was reviewed. A specific folder with information regarding epilepsy management plans was in place and readily available for staff reference. This was also detailed in the patients' care plans. In relation to one patient, further clarity was needed, as we were advised that the patient had been seizure free for several years, and there was no stock of the seizure medicine prescribed on the patient's personal medication record. The registered manager confirmed that he would contact the prescriber and specialist nurse immediately following the inspection.

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. One care plan required updating and the registered manager advised that this would be addressed by the end of the day.

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.

Some of the medicine records were well maintained and facilitated the audit process. We noted some non-correlation between the patient's personal medication record and the corresponding medication administration records. An area for improvement was identified.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals are contacted in response to patients' healthcare needs.

Areas of good practice

There were examples of good practice in relation to care planning and the administration of most medicines. Staff were knowledgeable regarding patients' medicines.

Areas for improvement

A monitoring system should be developed for medicines prescribed on a "when required" basis.

The system in place to check personal medication records and medication administration records to ensure correlation should be reviewed and revised.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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.

Following discussion with staff they provided examples of when medicines were administered at a later or earlier time to facilitate the patients' preferences/needs; and confirmed that they were aware of and adhered to the prescribed time intervals between medicines.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

It was not possible to ascertain the views and opinions of patients in relation to the management of their medicines. However, we met with a few patients and they confirmed that they were happy in the home and enjoyed the food.

Of the ten questionnaires which were left in the home to facilitate feedback from patients and their representatives, three were returned within the specified timescale (two weeks). The responses indicated that they were very satisfied/satisfied with the care provided in the home.

Areas of good practice

Staff listened to patients and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Written policies and procedures for the management of medicines were in place. We reviewed these with respect to controlled drugs and it was agreed that they would be updated in due course.

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. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were reviewed. A variety of audits was completed each week and these were overseen by management. Largely satisfactory outcomes had been achieved. However, due to the findings of this inspection, the auditing system should be further developed to ensure that it is effective in identifying areas for improvement. An area for improvement was identified.

Following discussion with the registered manager and 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 with them through team meetings, staff notices and supervision.

There were no online questionnaires completed by staff within the specified timescale (two weeks).

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents. There were clearly defined roles and responsibilities for staff.

Areas for improvement

The auditing process for medicines management should be reviewed to ensure that it is effective.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David Joseph McAteer, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 9 March 2018	The registered person shall ensure that the relevant controlled drugs are denatured prior to disposal and this is clearly specified in the disposal records. Ref: 6.4 **Response by registered person detailing the actions taken:** The manager is currently updating the "Standard Operating Procedure" for controlled drugs. This will include denaturing,disposal and documentation. He will cascade the updated information individually with each registered nurse. This will be based on current best practise and kept under review by the manager.
Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 9 March 2018	The registered person shall review medicine storage to ensure that any discontinued medicines or expired medicines are removed from stock in a timely manner. Ref: 6.4 **Response by registered person detailing the actions taken:** The manager will remind all staff to continue checking the expiry date before administering all medication. The manager will review the night nurse routine and include regular checks of the dates of the PRN medication. The manager will also review the audits of the night nurse checks as part of a revised auditing schedule .
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 9 March 2018	The registered person shall develop a monitoring system for medicines prescribed on a “when required” basis. Ref: 6.5 **Response by registered person detailing the actions taken:** The manager has designed a new recording sheet for PRN medication based on the advise of the Pharmacy Inspector. He is in the process of implementing this at present.

Area for improvement 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 9 March 2018	The registered person shall closely monitor personal medication records and corresponding medication administration to ensure these correlate. Ref: 6.5
	Response by registered person detailing the actions taken: The manager will ensure the completed MARRS sheets are reviewed at the end of each cylce. Any errors noted will be reported to RQIA and investigated.
Area for improvement 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 9 March 2018	The registered person shall review the auditing process for medicines management to ensure that it is effective. Ref: 6.7
	Response by registered person detailing the actions taken: The manager will review the auditing process and update it to be more robust. It will be developed to focus on promoting best practice and highlight any improvments required, in a timely fashion. The manager will meet with the senior nurse who is currently responsible for medication auditing and the identified improvements needed will be put into an action plan to be addressed.

Please ensure this document is completed in full and returned via the Web Portal

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