Unannounced Medicines Management Inspection Report
12 February 2018

The Cottage

Type of Service: Nursing Home
Address: 25 Lodge Park, Coleraine, BT52 1UN
Tel No: 028 7034 4280
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 67 beds that provides care for patients living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited **Responsible Individual:** Ms Therese Elizabeth Conway	**Registered Manager:** Mrs Carol McAlary
Person in charge at the time of inspection: Mrs Carol McAlary	**Date manager registered:** 8 November 2017
Categories of care: Nursing Homes (NH): I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	**Number of registered places:** 67

4.0 Inspection summary

An unannounced inspection took place on 12 February 2018 from 10.20 to 16.15 in the Rose Suite.

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.

There was evidence of some good practice in relation to staff training, competency assessment, administration of high risk medicines and care planning.

Areas requiring improvement were identified in relation to the governance arrangements for medicines management, record keeping, administration of medicines, ordering and stock control and disposal of medicines.

The patient we met with spoke positively about the management of medicines and the care provided in 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	*3	*4

*The total includes one area for improvement under regulation which has been stated for a second time and two areas for improvement under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Carol McAlary, Registered Manager, and Ms Therese Conway, Registered Provider, by telephone on 13 February 2018, 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. However, the outcomes of the inspection were discussed with the senior pharmacist inspector in RQIA, as areas for improvement identified at the last medicines management inspection had not been effectively addressed and there was limited evidence that robust governance arrangements for medicines management were in place. It was agreed that the registered provider would be contacted and advised of the findings. A further inspection will be undertaken to ensure compliance with legislative requirements and professional standards.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 & 3 May 2017. 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 incidents register: it was ascertained that no medicine related incidents had been 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 one patient, two registered nurses, one care assistant, the administrator and the registered manager.

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
- care plans
- training records
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 2 & 3 May 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 28 July 2016

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered provider must closely monitor the administration of liquid form medicines, weekly medicines and inhaled medicines.	**Not met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that these medicines were closely monitored. A sample of liquid medicines, inhaled medicines and weekly medicines were audited at the inspection. Discrepancies were found in the administration of liquid and inhaled medicines. This area for improvement has been stated for a second time.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time	The registered provider should ensure that the daily records of refrigerator temperature are reviewed by management regularly to ensure that medicines are being stored at the correct temperature.	**Not met**
	Action taken as confirmed during the inspection: There was no evidence that management reviewed the cold storage of medicines. The temperature records of one medicine refrigerator were examined. These indicated that temperatures were regularly outside the accepted range of 2-8^{o}C, and the thermometer was not reset each day. Although staff had occasionally made a note to highlight this issue, this had not been effective in addressing it. See also Section 6.4. This area for improvement has been stated for a second time.	
Area for improvement 2 **Ref:** Standard 18 **Stated:** First time	The registered provider should review the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded. Where the medicine is needed regularly this should be referred to the prescriber for review.	**Not met**
	Action taken as confirmed during the inspection: Two patients' records were examined. For one patient a care plan was in place and was evaluated each month. The medicine was being administered every morning. The reason for and outcome were not recorded. This regular use had not been reported to the prescriber. In relation to the other patient, staff advised that the administration of these medicines was never required. A detailed care plan was not in place. This area for improvement has been stated for a second time.	

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.

The new manager confirmed that medicines were managed by staff who have been trained and deemed competent to do so and that an induction process was in place for registered nurses; and also for care assistants who had been delegated medicine related tasks. A sample of training records was provided. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management, diabetes and enteral feeding was provided in the last year.

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 each year.

The ordering and stock control of medicines was reviewed. Although there were systems in place to ensure medicines were available for administration, we noted that one medicine had been out of stock for two days over the weekend and there was excess stock of some other medicines in the cupboards. This medicine was received and administered during the inspection. An area for improvement was identified.

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.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

There were largely satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home. However, when a patient was admitted from another care home, confirmation of the patient's medicine regime was not always verified with the prescriber. It was agreed that the prescribers' would be contacted regarding two recently admitted patients. The registered manager confirmed that this would be addressed with all relevant staff.

The management of high risk medicines was reviewed. Separate insulin administration charts were in use and the date of opening was recorded on insulin pen devices. A care plan was maintained. Two staff were involved in the administration of insulin. This good practice was acknowledged.

In relation to medicines administered via the enteral route, details were recorded on the patient's personal medication record; and the patient's care file included a care plan and the feeding regime. The administration of enteral feed, medicines and flushes were recorded and included the 24 hour total fluid intake. Some of the medicines were required to be crushed prior to administration. This was clearly stated on the medicine labels.

The management of controlled drugs was reviewed. 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. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. A review of controlled drug records indicated that details of the disposal were not fully maintained. The date of disposal had not been routinely recorded and on occasion, the stock balance had not been brought to zero when the complete supply had been disposed of or there was only one or no staff signatures. An area for improvement was identified.

The management of discontinued or expired medicines was reviewed. Staff confirmed that all disposed medicines were uplifted by a clinical waste company and that all discontinued controlled drugs were denatured and rendered irretrievable prior to disposal. A separate disposal book for controlled drugs was maintained. We noted several medicines which were awaiting disposal, including controlled drugs in the cabinet, some expired medicines on the medicine trolley and also discontinued medicines in the cupboards. These medicines should be disposed of in a timely manner. The records should clearly indicate that two staff are involved in the disposal of medicines. An area for improvement was identified.

All medicines were stored safely and securely. Some of the cupboards were organised however, there was limited space to store some patients' medicines. As stated above there was overstock of medicines.

In relation to the cold storage of medicines, we found that the refrigerator required cleaning; some medicine containers were wet and as stated in Section 6.2, the refrigerator temperatures were outside the accepted range. An area for improvement has been stated for a second time.

There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened, e.g. eye preparations.

Areas of good practice

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

Areas for improvement

One area for improvement in relation to the management of refrigerator temperatures has been stated for a second time.

The stock control of medicines should be reviewed to ensure that all medicines are available for administration and medicines are only ordered as the need arises.

The disposal of medicines process should be closely monitored to ensure that medicines are disposed of in a timely manner, two staff are involved in the process and detailed records are maintained.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Most of the medicines were supplied in a 28 day monitored dosage system (MDS). A sample of these medicines was examined and satisfactory outcomes had been achieved, indicating that the medicine had been administered in accordance with the prescriber's instructions.

However, in relation to non-MDS medicines, audit discrepancies were found in inhaled medicines and liquid medicines. These were highlighted at the inspection. See also Section 6.2. The area for improvement has been stated for a second time. The dosage directions for two liquid medicines required clarification and the registered manager confirmed that this would be discussed with the prescriber after the inspection.

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 or three monthly medicines were due.

In relation to the management of medicines prescribed for distressed reactions, see Section 6.2. This area for improvement has been stated for a 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 tell staff or communicate to staff if they were in pain. A pain assessment chart was used on a daily basis. A pain management care plan was maintained. Staff also advised that a patient's pain management was completed as part of the pre-assessment and 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. Care plans and speech and language assessment reports were in place. Most of the administration was completed and recorded by the care assistants and a specific reference folder was in place detailing each patient's prescribed fluid consistency. On occasion, the administration record did not detail the consistency of fluid administered. It was agreed that this would be discussed with 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.

Some of the medicine records were well maintained and facilitated the audit process. A few personal medication record entries required updating. The registered manager advised that this had already been identified and that a new system had been developed and partly implemented for personal medication records, with the aim that all of these would be printed. In relation to the medicine administration records we found that these were not always accurately maintained, as there were unexplained omissions and evidence of code-copying. An area for improvement was identified.

Practices for the management of medicines were audited on a daily basis by the registered nurses, with specific focus on medicines which were not supplied in the 28 day MDS. Running stock balances were maintained for a number of medicines, including nutritional supplements and staff had also recorded the date of opening in the comments section on the administration records. Whilst this good practice was acknowledged, areas for improvement were identified as stated above. See also Section 6.7.

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 some examples of good practice in relation to care planning, pain management and the administration of medicines. Staff were knowledgeable about the patients' medicines.

Areas for improvement

Two areas for improvement in relation to the management of distressed reactions and administration of medicines have been stated for a second time.

Records of the administration of medicines should be fully and accurately maintained.

	Regulations	Standards
Total number of areas for improvement	1	0

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 patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

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.

We noted good interactions between with the staff and visitors.

The patient we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

"I am fine."
"I eat well and they (staff) get me anything I need."

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.

Of the questionnaires which were left to receive feedback from patients and their representatives, none were returned within the specified timescale (two weeks).

Areas of good practice

Staff listened to patients and relatives 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.

In relation to the governance arrangements for medicines management, there was limited evidence to indicate that there were robust systems in place. Whilst it was acknowledged that there were a variety of audits completed, the findings of this inspection indicate that these have not been effective in identifying areas for improvement. This was also discussed in relation to the Regulation 29 monitoring visits. An area for improvement was identified. In addition, the areas for improvement made at the last medicines management inspection had been not addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. The registered manager confirmed that as part of her new role, she had planned to increase the number of hours allocated to oversee medicines management.

Written policies and procedures for the management of medicines were in place. These were not examined. The registered manager advised that these are currently under review and development. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and advised of the procedures in place to ensure that all staff were made aware of incidents and the learning identified. The recent out of stock situation was discussed. The registered manager advised that this was being investigated, was referred to safeguarding and details would be forwarded to RQIA.

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 medicines related concerns were raised with management. They advised that management were open and approachable and willing to listen. They also stated

that there were good working relationships within the home and with healthcare professionals involved in patient care.

During the inspection, we were informed that on occasion, there were low staffing levels. This was discussed with the registered manager, who confirmed that that the home was adequately staffed to meet the needs of the patients. This was also discussed with the registered provider and shared with the care inspector.

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

Areas of good practice

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

Areas for improvement

A robust governance process for medicines management should be developed and implemented.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Carol McAlary, Registered Manager, and Ms Therese Conway, Registered Provider, 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:** Second time **To be completed by:** 15 March 2018	The registered provider must closely monitor the administration of liquid form medicines, weekly medicines and inhaled medicines. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: An audit system has been implemented to monitor liquid, weekly and inhaled medications. Oversight will be carried out by the registered manager on a weekly basis. Lead nurses have delegated responsibility for day to day oversight.
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall ensure that medicine administration records are fully and accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken: A review of the medication system has been carried out by the home pharmacist to identify areas of concern and provide support to address. RN competencies for medication administration have been updated. Supervisions with RNs have been completed. The registered manager will monitor and address any issues that arise.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall ensure that robust governance arrangements are put in place for medicines management. Ref: 6.7
	Response by registered person detailing the actions taken: Nightly audits completed to ensure that all residents medications are audited each month. Any discrepancies will be reported. The registered manager will audit these weekly in order to quality assure the process.

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:** Second time **To be completed by:** 15 March 2018	The registered provider should ensure that the daily records of refrigerator temperature are reviewed by management regularly to ensure that medicines are being stored at the correct temperature. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Temperature checks are being completed daily. Any abnormalities are entered into the diary and maintenace book so that they can be promptly addressed.
Area for improvement 2 **Ref**: Standard 18 **Stated:** Second time **To be completed by:** 15 March 2018	The registered provider should review the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of each administration should be recorded. Where the medicine is needed regularly this should be referred to the prescriber for review. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: Residents who experience distress reactions have been identified. Individualised care plans have been devised. These are updated if medication is administered, the reason for administration and effect of the medication noted. The prescriber has been contacted to review suitability and reduce PRN administration.
Area for improvement 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall ensure that robust arrangements are in place for the stock control of medicines. Ref: 6.4
	Response by registered person detailing the actions taken: A lead nurse has been appointed for each unit to monitor medication ordering/administration/disposal and competency. The inspecton findings have also been shared with the pharmacy who will be working more closely with the lead nurse to ensure effective stock control.
Area for improvement 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall closely monitor the disposal of medicines to ensure disposal records are fully completed and medicines are disposed of in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: The lead nurses have assumed responsibility for the disposal of medications. They will dispose all medications in their assigned area in line with policy.

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

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