Unannounced Medicines Management Inspection Report
19 July 2018

The Cottage

Type of Service: Nursing Home
Address: 25 Lodge Park, Coleraine, BT52 1UN
Tel No: 028 7034 4280
Inspector: Helen Daly

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 with a range of care 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 19 July 2018 from 10.30 to 15.50.

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 medicines storage and the management of controlled drugs.

Areas for improvement were identified in relation to confirming the details of prescribed medicines on admission and records for the prescribing and administration of thickening agents. In addition one area for improvement with regards to the management of liquid medicines was stated for the third and final time and two areas for improvement in relation to the governance arrangements and stock control were stated for a second time.

As a result of this inspection, RQIA was concerned that the issues evidenced during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with the responsible individual. The meeting was held at RQIA, Belfast office, on 26 July 2018 (see Section 4.1).

We spoke with one relative and one patient who were complimentary regarding the staff and 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	*2

*The total number of areas for improvement includes one has been stated for a third and final time under the regulations, one which have been stated for a second time under the regulations and one which had been stated for a second time under the standards.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Carol McAlary, Registered Manager, and Ms Jane Bell, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection raised concerns that the quality of care was below the standard expected. The registered persons were invited to attend a serious concerns meeting in RQIA on 26 July 2018 to discuss the inspection findings and their plans to address the issues identified. During the meeting, Ms Therese Conway, Responsible Individual, provided a comprehensive action plan to address the concerns raised during the inspection. Assurance was given that the concerns were being taken seriously by Merit Retail Limited. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered persons that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

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 23 March 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
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with one patient, one relative, one care assistant, two registered nurses, the registered manager and the regional manager.

We provided the registered manager with 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA.

We left "Have we missed you?" cards in the home. The cards facilitate patients or relatives who were not present at the time of the inspection to give feedback to RQIA on the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

We asked the registered manager to display a poster which invited staff to share their views and opinions 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

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 23 March 2018

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 12 February 2018

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:** Second time	The registered provider must closely monitor the administration of liquid form medicines, weekly medicines and inhaled medicines.	**Partially met**
	Action taken as confirmed during the inspection: The outcome of the inspection evidenced that there was not a robust system in place to monitor the administration of liquid medicines. While daily audits had been introduced since the last medicines management inspection they provided little assurance that the medicines were being administered accurately. The balances recorded did not correspond with the actual quantity seen during the inspection. Three discrepancies in the administration of liquid medicines were identified at the inspection. There was no evidence to indicate that the home's auditing system was effective in identifying discrepancies. There was evidence that weekly medicines and inhaled medicines were being administered as prescribed. **This area for improvement was stated for the third and final time.**	
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that medicine administration records are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: The medication administration records reviewed at the inspection had been fully and accurately maintained	

Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that robust governance arrangements are put in place for medicines management.	**Not met**
	Action taken as confirmed during the inspection: The findings of the inspection indicate that the governance arrangements put in place after the last inspection were not robust. The auditing systems have not been effective in identifying areas for improvement. The shortfalls in the auditing systems had not been identified by the management team. In addition, not all of the areas for improvement identified at the last two medicines management inspections had been addressed. **This area for improvement was stated for the 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:** Second 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.	**Met**
	Action taken as confirmed during the inspection: The refrigerator temperatures were within the accepted range. The registered manager advised that this was closely monitored. The refrigerator was clean and stock was stored appropriately.	

Area for improvement 2 **Ref**: Standard 18 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for two patients. Detailed care plans were in place. For one patient the medicine was required each night. This had been referred to the prescriber and the care plan had been updated. For the second patient the reason for and outcome of administration had been recorded in the daily progress notes.	
Area for improvement 3 **Ref**: Standard 28 **Stated:** First time	The registered person shall ensure that robust arrangements are in place for the stock control of medicines.	**Not met**
	Action taken as confirmed during the inspection: Two medicines were out of stock on the day of the inspection. (See Section 6.4) **This area for improvement was stated for the second time.**	
Area for improvement 4 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The records of disposal which were examined at the inspection had been accurately maintained. Dates of disposal were recorded and records had been signed by two registered nurses. Balances had been brought to zero in the controlled drug book. We did not observe any out of date or discontinued medicines in the trolley or cupboard. Systems had been reviewed to ensure that overstocks were reducing.	

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 registered manager advised that medicines were managed by registered nurses who have been trained and deemed competent to do so. Training was completed via e-learning annually. Update training was planned for August 2018. Competency assessments were also completed annually. Records were available for inspection. The registered manager had completed small group and individual supervisions with care assistants on the management of external preparations and thickening agents.

In relation to safeguarding, the registered manager advised that staff were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

We reviewed the management of medicines on admission. Personal medication records were verified and signed by two registered nurses. When a patient was admitted from hospital a copy of the discharge letter was forwarded to their general practitioner. However, written confirmation of medication regimens was not always requested from the prescriber when patients were admitted from their own home or another care home. This issue had been discussed for improvement at the last medicines management inspection but had not been addressed. An area for improvement was identified.

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

The registered manager advised that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available. However, it was noted that two medicines were unavailable for administration on the day of the inspection. The medicines had been ordered but this had not been followed up effectively and the registered manager had not been made aware. These supply issues were followed up during the inspection and assurances were provided that the medicines would be available before the end of the day. An area for improvement was stated for a second time.

There was evidence that antibiotics and newly prescribed medicines had been received into the home without delay.

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.

Satisfactory arrangements were in place for the safe disposal of discontinued or expired medicines.

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. Satisfactory room and refrigerator temperatures were observed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, competency assessments and the management of controlled drugs.

Areas for improvement

An area for improvement regarding stock control was stated for a second time.

The registered person should ensure that written confirmation of medication regimens is obtained for all admissions to the home

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

As identified at the last medicines management inspection, 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 medicines had been administered in accordance with the prescriber's instructions.

However, in relation to non-MDS medicines, audit discrepancies were found in three liquid medicines (See Section 6.2). The area for improvement was stated for the third and final time.

In addition although there were arrangements in place to alert staff of when doses of twice weekly/weekly medicines were due there was evidence that one transdermal patch had been omitted on two occasions. An area for improvement with regards to the governance arrangements was stated for a second time (See Section 6.7).

We reviewed the management of medicines prescribed to be administered "when required" for the management of distressed reactions (See Section 6.2) and the management of pain. Satisfactory systems were in place.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent care plans and speech and language assessment reports were in place. Each patient's dietary requirements was recorded in the handover report template and in the nutrition charts. However records of prescribing and administration were not in place for all patients who were prescribed thickening agents. An area for improvement was identified.

Staff advised that compliance with prescribed medicine regimes was monitored and any refusals likely to have an adverse effect on a patient's health were reported to the prescriber. However, as detailed in Sections 6.2 and 6.4, registered nurses had not referred the omission of medicines due to stock supply issues to the prescriber. This was discussed with the registered manager.

The majority of medicine records were well maintained and facilitated the audit process. Registered nurses were reminded that obsolete personal medication records should be cancelled and archived and that a reference to supplementary records for prescribed insulin should be made on the main personal medication record.

The registered manager advised that there were good working relationships with healthcare professionals involved in patient care.

Areas of good practice

There were examples of good practice in relation to the standard of record keeping and care planning.

Areas for improvement

An area for improvement in relation to the administration of liquid medicines was stated for the third and final time.

The registered person shall ensure that records for the prescribing and administration of thickening agents are 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.

We did not observe the administration of medicines during the inspection.

Throughout the inspection, we found 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The patient spoken to at the inspection appeared content. She did not express any concerns.

We spoke with one relative who commented:
"I cannot say enough about this home – it is A1. The staff are just great. My mum is happy here. They could not be better to her."

As part of the inspection process, we issued 10 questionnaires to patients and their representatives. No questionnaires were returned within the specified time frame (two weeks).

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for information and action as required.

Areas of good practice

Staff were observed to engage with patients and encourage them to take part in activities.

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.

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data within The Cottage.

Written policies and procedures for the management of medicines were in place. These were not examined in detail.

The findings of the inspection indicated that the governance arrangements were not robust. Running stock balances were maintained for several medicines and the management team advised that time had been allocated to checking these audits for accuracy. However, these auditing systems have not been effective in identifying areas for improvement. In addition not all of the areas for improvement identified at the last two medicines management inspections had been addressed. An area for improvement was stated for the second time.

Registered nurses advised that they knew how to identify and report incidents and that they were aware that medicine incidents may need to be reported to the safeguarding team. No medication incidents had been reported since the last medicines management inspection, however discrepancies were noted during this inspection. As the auditing system was not robust there is a possibility that medication incidents may not be identified and effectively managed. This was discussed with the registered manager.

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

We were advised that there were effective communication systems in the home, to ensure that all staff were kept up to date. The shift handovers were verbal and a written handover sheet was in place, this included reference to medicines management, diabetes and nutrition.

No online questionnaires were completed by staff within the specified time frame (two weeks).

Areas of good practice

The staff we met with spoke positively about their work and advised there were good working relationships in the home with staff and the registered manager. They stated they felt well supported in their work.

Areas for improvement

No new areas for improvement were identified.

On area for improvement in relation to the governance systems with regards to medicines management was identified for a second time.

	Regulations	Standards
Total number of areas for improvement	0	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 Jane Bell, Regional 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:** Third and final time **To be completed by:** 19 August 2018	The registered provider must closely monitor the administration of liquid form medicines, weekly medicines and inhaled medicines. Ref: 6.2 and 6.5
	Response by registered person detailing the actions taken: Daily audits will continue for liquid medication. These audits have been placed with the MAR rather than in a separate folder. Bungs and syringes have been made available to more accurately measure liquid medication. Some liquid medication have been reviewed by GP and changed to tablet form. Senior staff nurses along side registered manager shall continue to oversee these audits
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 19 August 2018	The registered person shall ensure that robust governance arrangements are put in place for medicines management. Ref: 6.2, 6.5 and 6.7
	Response by registered person detailing the actions taken: The audits will be quality checked and signed by the registered manager on a weekly basis and in turn will confirm with RM the outcome of all audits.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 19 August 2018	The registered person shall ensure that records for the prescribing and administration of thickening agents are maintained. Ref: 6.5
	Response by registered person detailing the actions taken: Medicine Kardex's now reflect the prescribing of thickening agents and the directions of them. Medicine Kardex's are checked by Registered Manager to ensure they reflect this. Thickening agents are stated on Fluid balance charts and signed for by the relevant staff. Care staff have had supervisions on the administration of thickening agents.

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 28 **Stated:** Second time **To be completed by:** 19 August 2018	The registered person shall ensure that robust arrangements are in place for the stock control of medicines. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Monthly orders continue. The registered manager has liaised with health centre pharmacists to ensure prescriptions should state enough stock for the cycle. Registered nurse continue to order prescriptios daily if required. A file has been introduced to track orders. A white board has been erected in the treatment room as a visible reminder of what has been ordered. .
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 19 August 2018	The registered person should ensure that written confirmation of medication regimens is obtained for all admissions to the home Ref: 6.4
	Response by registered person detailing the actions taken: Written confirmation is requested from GP's if residents are admitted from their own home or another care home. Residents admitted from hospital have detailed information of current medications prescribed, stating ang discontinuations or new medications.

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

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