Unannounced Follow Up Medicines Management Inspection Report 27 June 2019

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 provider 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 which provides care for up to 67 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 Home (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 27 June 2019 from 10.30 to 14.30.

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 focus of this inspection was to assess if the improvements evidenced at the follow up medicines management inspection (5 November 2018) had been sustained.

The following areas were examined during the inspection:

- the administration of liquid form medicines, weekly medicines and inhaled medicines
- the governance arrangements for medicines management
- the management of thickening agents
- the stock control of medicines
- the management of medicine for new admissions to the home
- the administration of medicines process

It was evidenced that the improvements noted at the medicines management follow up inspection had been sustained. The management and staff were commended for their ongoing efforts to ensure that medicines are managed safely.

Evidence of good practice was found in relation to the governance systems, the management of thickening agents, stock control and the management of new admissions.

Two areas for improvement in relation to the storage temperature for medicines and the management of distressed reactions were identified.

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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Carol McAlary, Registered Manager, and Ms Julie McKearney, Regional 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 incidents; it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection we met with one care assistant, three registered nurses, the deputy manager, the registered manager and the regional manager.

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
- medicine audits
- care plans
- medicines storage temperatures
- controlled drug record book

Areas for improvements identified at the last medicines management inspection were reviewed and 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 13 February 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was 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 5 November 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:** First time	The registered person shall ensure that medicines are prepared for each patient individually at the time of administration.	**Met**
	Action taken as confirmed during the inspection: We observed the lunchtime medicines round in the Rose and Dunluce suites. Medicines were prepared for each patient individually at the time of administration.	

6.3 Inspection findings

The administration of liquid form medicines, weekly medicines and inhaled medicines

The audits completed at the inspection indicated that these medicines had been administered as prescribed. Accurate running stock balances were maintained. These were reviewed fortnightly by a senior registered nurse. Prompts were in place to remind registered nurses when weekly medicines were due to be administered.

The governance arrangements for medicines management

In addition to the running stock balances for medicines not supplied in the monitored dosage system, senior registered nurses completed fortnightly audits. The registered manager completed audits at random intervals. The registered manager advised that any shortfalls were addressed immediately with staff.

The management of thickening agents

We reviewed the management of thickening agents for five patients. The prescribed thickening agents were recorded on the personal medication record and included details of the recommended fluid consistency. Speech and language assessment reports were in place. One care plan was not in place, it was agreed that this would be written before the end of the day. The records of administration reviewed had been accurately maintained.

The stock control of medicines

We reviewed the medication administration records for the last two months and there was evidence that medicines were available for administration. A system was in place to ensure that medicines were ordered and followed up in a timely manner.

The management of medicine for new admissions to the home

We reviewed the management of medicines on admission for two patients. Written confirmation of medication regimens had been obtained. The personal medication records had been written and verified by two registered nurses. Medicines were available for administration.

Additional areas examined

We reviewed the management of medicines which were prescribed to be administered 'when required' for the management of distressed reactions. The dosage instructions were recorded on the personal medication records and staff spoken to were aware of how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that it may be due to pain or infection. Care plans directing the use of these medicines were in place. However, the reason for and outcome of each administration were not routinely being recorded. For a number of patients these medicines were being administered regularly. This had not been referred to the prescriber for review. The management of distressed reactions should be reviewed and revised. The reason for and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review. An area for improvement was identified.

Medicines were observed to be stored safely and securely. However, the temperature of one medicines refrigerator was frequently outside the accepted range ($2^{o}C$ - $8^{o}C$) and there was evidence that the refrigerator thermometer was not being reset each day after the maximum, minimum and current temperatures were being recorded. This is necessary to provide evidence that the required temperature is maintained since the last time the thermometer was reset. In addition, frequent omissions were observed in the daily records of the treatment room temperature. The temperature of the treatment rooms and medicine refrigerators should be accurately recorded each day. Corrective action should be taken if temperatures outside the required range are observed. Medicines must be stored at the manufacturers' required temperature to ensure their effectiveness. An area for improvement was identified.

Registered nurses were reminded that the date of writing should be recorded on all personal medication records and that obsolete warfarin dosage directions should be cancelled and archived.

Areas of good practice

Evidence of good practice was found in relation to the governance systems, the management of thickening agents, stock control and the management of new admissions.

Areas for improvement

Two areas for improvement in relation to the storage temperature for medicines and the management of distressed reactions were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Carol McAlary, Registered Manager, and Ms Julie McKearney, 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 QIP via 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:** 26 July 2019	The registered person shall ensure that the temperature of the treatment rooms and medicine refrigerators are accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the required range are observed. Ref: 6.3
	Response by registered person detailing the actions taken: Mediication fridge and room temperatures are now recorded at morning handover as a reminder and to reflect accurate readings. It has been reiterated to all RN's corrective action if readings are outside required range by HM
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 18 **Stated:** First time **To be completed by:** 26 July 2019	The registered person shall review and revise the management of distressed reactions. The reason for and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review. Ref: 6.3
	Response by registered person detailing the actions taken: Medication for distressed reactions have been reviewed by GP. Medication Kardex's and Care plans have been reviewed and amended to reflect this. Reason for and outcome of each administration recorded. All RN's have been issued with policy and asked to read. Audits have been commenced on medication management of distressed reactions.

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

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