Unannounced Medicines Management Inspection Report
5 June 2017

Tamlaght

Type of Service: Nursing Home
Address: 34 Larne Road, Carrickfergus, BT38 7DY
Tel No: 028 9336 6194
Inspector: Cathy Glover

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 45 beds that provides care for patients over 65 years of age or with a physical disability other than sensory impairment. It can also accommodate two people who require residential care and is approved to provide care on a day basis to four people.

3.0 Service details

Organisation: Tamlaght Private Nursing Home Ltd **Responsible Individual:** Mrs Fiona Gray	**Registered Manager:** Mrs Fiona Gray
Person in charge at the time of inspection: Mrs Fiona Gray	**Date manager registered:** 5 May 2015
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category. Residential Care (RC) I - Old age not falling within any other category	**Number of registered places:** 45 Category NH-PH for 2 identified individuals only. A maximum of 2 residents in category RC-I with 1 additional identified individual in this category. The home is also approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 5 June 2017 from 10.20 to 14.10.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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 completion of personal medication records and medicine administration records. The date of opening had been recorded on the medicines that were not contained within the blister pack system and facilitated the audit process.

Areas requiring improvement were identified in relation to induction and training records, the management of antibiotics, the management of new admissions, the storage of medicines and the audit process within the home.

Patients were relaxed and comfortable 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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Fiona Gray, 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. A further inspection will take place during the inspection year to ensure that the issues raised in relation to patient care have been addressed.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 24 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 management of incidents reported to RQIA since the last medicines management inspection.

During the inspection we met with three patients, the registered manager and two registered nurses.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

Areas for improvements 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 23 May 2017

The most recent inspection of the home was an unannounced care inspection.

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 19 May 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 person must ensure that a care plan for the specified patient is in place and has been agreed with the general practitioner, the patient and/or the patient's representative.	**Met**
	Action taken as confirmed during the inspection: The patient specified was no longer resident in the home. The registered manager advised that this area for improvement had been addressed following the last medicines management inspection.	
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person must ensure that medicines are administered in accordance with the NMC guidance.	**Met**
	Action taken as confirmed during the inspection: The evidence seen during this inspection indicated that medicines were administered in accordance with NMC guidance.	

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	Medicines should be securely stored at all times.	**Met**
	Action taken as confirmed during the inspection: Medicines were securely stored at the time of this inspection.	
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time	The management of medicines should be audited regularly.	**Not met**
	Action taken as confirmed during the inspection: The audits undertaken by the staff and seen during the inspection had not been completed regularly. The audits provided consisted of spot checks of medicines and had been completed in August 2016 and May 2017. The evidence from this inspection showed that a comprehensive audit, which covers all aspects of the management of medicines is not in place. This area for improvement with respect to Care Standards for Nursing Homes has not been met. The evidence seen during the inspection has meant that an area for improvement has been identified under regulation 13(4) of The Nursing Home Regulations (Northern Ireland) 2005. See Section 6.7	

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 staff who have been trained and deemed competent to do so. New staff had recently attended medicines management training provided by the community pharmacist. However, records of training could not be provided during the inspection. An induction process was in place for registered nurses however it was observed that the induction for two night nurses had not been completed.

Competency is assessed annually as part of the nurse in charge competency assessment and samples of these were provided for inspection. Records of training and induction must be maintained and available for inspection. One area for improvement has been identified.

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. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

The management of antibiotics was examined. For one patient, the daily notes indicated that an antibiotic had been prescribed, however it was not obtained and commenced until six days later. This is unacceptable and had the potential to affect the health and well-being of the patient. For another patient prescribed an antibiotic eye drop, two doses had been omitted due to a new the use of a new administration sheet. The delay in obtaining the antibiotic for one patient must be investigated and the management of prescribed antibiotics in the home should be reviewed. Two areas of improvement have been identified.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

The procedures in place to ensure the safe management of medicines during a patient's admission to the home should be reviewed. The records relating to one recently admitted patient were examined. Confirmation of the medicine regime had not been obtained from the general practitioner. The personal medication record and MARs sheets had been written by one registered nurse and had not been checked for accuracy by a second nurse. This is not acceptable. The personal medication records had also been amended with correction fluid, a practice contrary to nursing professional guidelines. All registered nurses should receive further training in the admissions process. One area for improvement has been identified.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked at regular intervals, however the maximum recorded temperature had been outside of the required range of $2^{o}C$ to $8^{o}C$ for several weeks. The consistent readings indicated that the refrigerator had not been reset and there was no evidence that registered nurses were aware of the importance of ensuring that medicines were stored at the correct temperature. All registered nurses should know how to reset the thermometer. All registered nurses should receive further training in the appropriate storage of medicines which require cold storage. One area of improvement was identified.

Areas of good practice

There were examples of good practice found in regard to the storage medicines other than those stored in the refrigerator. The controlled drugs record book and reconciliation checks were accurately completed.

Areas for improvement

Areas for improvement were noted in relation to induction and training records, the management of antibiotics, the management of new admissions and the cold storage of medicines.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

The day of the inspection was the first day of the new medicine cycle and the vast majority of medicines had only been opened that morning. Therefore a very small sample of medicines was audited. These produced satisfactory outcomes. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. A care plan was in place for some patients and the reason and outcome of the administration of these medicines was recorded occasionally. There was evidence that a "when required" medicines record had been commenced for some of these medicines in 2016 but this had not been continued in recent months. The management of "when required" medicines for distressed reactions should be reviewed to ensure that a care plan is in place for all relevant patients and that the reason and outcome of administration is consistently recorded. An area for improvement has been identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. For the records examined, a care plan was in place for general pain but did not make reference to the analgesic patch that was prescribed. The management of pain should be reviewed to ensure that an appropriate and accurate care plan is in place. An area for improvement has been identified.

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. Speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were generally well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the site of application of transdermal patches.

Following discussion with the staff, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

Areas of good practice

Personal medication records and MARs sheets were generally accurately completed. The date of opening had been recorded on the medicines that were not contained within the blister pack system and facilitated the audit process.

Areas for improvement

Areas for improvement were identified in relation to the care plans for distressed reactions and pain.

	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.

We spoke with three patients who advised that they were very happy with the care provided in the home. They were complimentary of the staff and food.

Five patients completed a questionnaire, and all responses indicated that they were "very satisfied" with how medicines were managed.

Questionnaires were returned by four patients' relatives. No concerns were raised regarding medicines.

Five questionnaires were completed by staff. All of the responses were positive regarding the management of medicines.

Areas of good practice

There were examples of good practice in relation to staff listening to patents and taking 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. They were not reviewed during this inspection.

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 lead and safeguarding team.

A review of the audit records indicated that audits were not completed regularly and did not include all of the aspects of medicines management. The findings of this inspection in relation to the admission procedures and the acquisition of antibiotics have highlighted shortfalls in the management of medicines that require to be addressed (see section 6.4). The audit arrangements must be reviewed to ensure that there is a robust audit tool in place, which covers all aspects of the management of medicines. It should be completed regularly and any issues identified should be resolved in a timely manner. An area for improvement has been identified.

Following discussion with the registered manager and registered nurses, 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.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the auditing arrangements within the home.

	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 Fiona Gray, 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 QIP to Pharmacists@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 19(2) **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall ensure that records of training and induction are maintained and available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: All staff complete training with Boots at induction and periodically therafter including 'eLearning.' We have redone the Training Matrix to show Medication training.
Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall investigate the delay in obtaining the antibiotic for one patient and advise RQIA of the outcome and learning for registered nurses. Ref: 6.4
	Response by registered person detailing the actions taken: The identified resident had a suspected UTI on 28th April 2017 and following a home urinalysis an MSSU was sent to the lab. GP contacted. Cefalexin was prescribed and was commenced on 29. The Lab results showed the infection was resistant to Cefalexin and the GP changed the antibiotic to Ciprofloxacin. This was issued and commenced on 4th May. There therfore was no delay in obtaining and commencing the antibiotics for this resident.
Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall review the audit arrangements to ensure that there is a robust audit tool in place, that it is completed regularly and that any issues are resolved in a timely manner. Ref: 6.2 and 6.7
	Response by registered person detailing the actions taken: The monthly audits already undertaken in the home include a Random audit, Controlled Drugs, Diazepam and Home Remedies. A new audit has been devised to include MARs sheets, prescriptions and signatures.

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:** First time **To be completed by:** 5 July 2017	The registered person shall review the management of prescribed antibiotics in the home. Ref: 6.4
	Response by registered person detailing the actions taken: Please see attached Antibiotic Management Protocol.
Area for improvement 2 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall ensure that all registered nurses receive further training in the admissions process in relation to medicines management. Ref: 6.4
	Response by registered person detailing the actions taken: All Nurses aware that on admission of a resident GP should be contacted for a print out of latest medications. This is then checked off against anything received on admission and any discrepancies followed up.
Area for improvement 3 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall ensure that all registered nurses receive further training in the appropriate storage of medicines which require cold storage. Ref: 6.4
	Response by registered person detailing the actions taken: Fridge re-set and reading appropriate high and low temperatures.
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall review the management of “when required” medicines for distressed reactions to ensure that a care plan is in place for all relevant patients and that the reason and outcome of administration is consistently recorded. Ref: 6.5
	Response by registered person detailing the actions taken: Care plan is in place for distressed reactions. Separate PRN medication administration sheet and protocol for administration also in place.

Area for improvement 5 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 5 July 2017	The registered person shall review the management of pain to ensure that an appropriate care plan is in place. Ref: 6.5
	Response by registered person detailing the actions taken: All care plans relating to pain already in place for all residents have been reviewed. Where the resident has more than one medication for pain relief prescribed these are all included in the care plan.

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews