Unannounced Medicines Management Inspection Report
19 May 2016

Tamlaght

34 Larne Road, Carrickfergus, BT38 7DY
Tel No: 028 9336 6194
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Tamlaght took place on 19 May 2016 from 9.45 to 13.00

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?
One recommendation has been made.

Is care effective?
No requirements or recommendations have been made.

Is care compassionate?
One requirement has been made.

Is the service well led?
One requirement and one recommendation have been made.

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.

For the purposes of this report, the term 'patients' will be used to described those living in Tamlaght which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the QIP within this report were discussed with Ms 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 14 March 2016.

2.0 Service details

Registered organisation/registered person: Tamlaght Private Nursing Home Limited Ms Fiona Gray	**Registered manager:** Ms Fiona Gray
Person in charge of the home at the time of inspection: Ms Fiona Gray	**Date manager registered:** 5 May 2015
Categories of care: NH-LD, NH-I, RC-I	**Number of registered places:** 45

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Recent inspection reports and returned QIPs
- Recent correspondence with the home
- Duty call received regarding the home
- The management of medicine related incidents reported to RQIA since the last medicines management inspection.

We met with three residents, three registered nurses and one patient's visitor/representative.

The following records were examined:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 15 June 2015

There were no requirements or recommendations made as a result of the last medicines management inspection.

4.3 Is care safe?

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through supervision and annual appraisal. Competency assessments had been completed for the staff on duty and were provided for inspection. Refresher training in medicines management was provided by e-learning.

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.

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

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

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.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. 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.

At the commencement of the inspection, it was observed that the treatment room and medicines cupboards were unlocked. The registered manager should ensure that medicines are securely stored at all times. A recommendation was made.

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 and oxygen equipment were checked at regular intervals. The refrigerator temperature was noted to have been above the required range of 2^{o}C to 8^{o}C in the previous few weeks. The registered manager agreed to closely monitor the refrigerator temperature and adjust the settings if needed.

Areas for improvement

Medicines should be securely stored at all times. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1

4.4 Is care effective?

he sample of medicines examined had been administered in accordance with the prescriber's instructions. Some small discrepancies were noted in the audits completed during the inspection and it was agreed by the registered manager that these medicines would be closely monitored. 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.

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 tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

The management of swallowing difficulty was discussed. The administration of thickening agents by care staff was not being recorded. The deputy manager advised that new recording sheets would be implemented for care staff to complete. It was agreed that this record would be monitored by the registered nurses to ensure it was completed as intended on every occasion.

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 well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included extra records for the administration of transdermal patches and reminders for nurses of medicines that were to be given outside of the normal medicine rounds.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted when necessary to meet the healthcare needs of the patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

Through discussion with the registered manager, it was found that registered nurses were administering the prescribed dose of one medicine despite the patient requesting a lower dose. The patient was unaware that the higher dose was being administered. It could be viewed that the medicine was being administered without the informed consent of the patient. This was discussed in detail with the registered manager by telephone the day after the inspection. The registered manager must ensure that a care plan for the management of the patient's healthcare needs is implemented and agreed with the general practitioner, the patient and/or the patient's representative. A requirement has been made.

The administration of medicines to several patients was observed. Medicines were administered in the dining room with breakfast or in the bedrooms. The registered nurses administering the medicines spoke to the patients in a kind and caring manner.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable regarding their patients' needs, wishes and preferences. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident.

Medicines management was discussed with a small number of patients. All responses were positive regarding the administration of medicines. Patients stated that they were given medicines promptly, for example, pain relief medicines when they requested them outside of the regular medicine round.

One patient's representative expressed their satisfaction with the care that their relative received in the home.

Areas for improvement

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. A requirement was made.

Number of requirements:	1	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

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.

Practices for the management of medicines were audited by the deputy manager. These audits had not been completed for several months due to staffing issues. Regular auditing should be recommenced. A recommendation was made.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. However, appropriate action had not been taken with regard to the administration of medicines to one patient as discussed in section 4.5. The registered manager must ensure that medicines are administered in accordance with NMC guidelines. A requirement was made.

Areas for improvement

Regular auditing should be recommenced. A recommendation was made.

Medicines must be administered in accordance with the NMC guidance. A requirement was made.

Number of requirements:	1	Number of recommendations:	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Fiona Gray, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to pharmacists@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 3 June 2016	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.
	Response by registered person detailing the actions taken: The GP and Diabetic Nurse Specialist have been involved closely with this patient during his time here and had several discussion with him. A plan of care was agreed by all parties.
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 3 June 2016	The registered person must ensure that medicines are administered in accordance with the NMC guidance.
	Response by registered person detailing the actions taken: All medicines are administered in accordance with NMC guidelines.
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 19 June 2016	Medicines should be securely stored at all times.
	Response by registered person detailing the actions taken: A review of the security of the Treatment room was carried out and new locks have been fitted.
Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 19 June 2016	The management of medicines should be audited regularly.
	Response by registered person detailing the actions taken: Monthly audits have been recommenced.

Please ensure this document is completed in full and returned to pharmacists@rqia.org.uk from the authorised email address

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