Unannounced Medicines Management Inspection Report
19 October 2016

Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley BT36 6LJ
Tel no: 028 9083 7270
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Ashwood House took place on 19 October 2016 from 10.15 to 14.30.

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.

Is care safe?

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines had been trained and deemed competent. To ensure that the management of medicines is in compliance with legislative requirements and standards, two areas for improvement were identified; these were in relation to the cold storage and stock control of medicines. One requirement has been stated for a second time and one recommendation has been made.

Is care effective?

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Satisfactory arrangements were in place for the management of pain. However, three areas for improvement were identified in relation to record keeping and the management of distressed reactions. Three recommendations have been made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. No requirements or recommendations were made.

Is the service well led?

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. No requirements or recommendations were 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 Ashwood House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Liz Jones, Nurse-in Charge, 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 QIP there were no further actions required to be taken following the most recent inspection on 19 September 2016.

2.0 Service details

Registered organisation/registered person: Ashwood Prop. Investment Ltd/ Mr William Trevor Gage	**Registered manager:** Mrs Anne Marie Morris
Person in charge of the home at the time of inspection: Ms Liz Jones (Staff Nurse)	**Date manager registered:** 1 April 2005
Categories of care: NH-I, RC-I, RC-MP(E)	**Number of registered places:** 36

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two patients, one member of care staff and two registered nurses.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

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
- 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 19 September 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection on 18 April 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review the admission process to ensure that written confirmation of medicine regimes is obtained for new patients.	**Met**
	Action taken as confirmed during the inspection: Medicine regimes were received in writing for all new patients and when a patient was readmitted to the home.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must closely monitor the management of inhaled medicines. Any further discrepancies must be investigated and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: Inhaled medicines were included in the monthly audit process. No discrepancies were noted in the audit trails completed at the inspection.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review the audit process for medicines, to ensure that this covers all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: The audit process had been reviewed following the change in the medicine system. A robust audit process was in place.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for the cold storage of medicines.	**Not Met**
	Action taken as confirmed during the inspection: Whilst there was evidence that following identification of problems, a new thermometer for the medicines refrigerator had been obtained in the last month, it was noted that several temperatures continued to be recorded outside the accepted range of 2^{o}C to 8^{o}C. There was no evidence that this had been followed up. Some ice had formed in the refrigerator. This requirement is stated for a second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that two nurses are involved in the transcribing of medicine details on medication administration records, disposal of medicine records and warfarin administration records.	**Met**
	Action taken as confirmed during the inspection: Two registered nurses were involved in the transcribing of medicines information on medicine records most of the time. Staff advised that this was the expected practice. It was agreed that staff would be reminded to ensure that this practice occurs on every occasion.	

Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that written confirmation of warfarin regimes is obtained for the patient identified at the inspection.	**Met**
	Action taken as confirmed during the inspection: The completed QIP indicated that this warfarin regime had been received in writing. There was evidence that written confirmation of warfarin regimes had been received for other patients.	
Recommendation 3 **Ref**: Standard 37 **Stated:** First time	The registered manager should further review the medicines policies and procedures to include the management of dysphagia and review the policies and procedures for controlled drugs to ensure these meet with the regulations for standard operating procedures (SOPs) for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: Medicines management policies had been reviewed and revised since the last medicines management inspection. They included dysphagia and controlled drugs.	
Recommendation 4 **Ref**: Standard 37 **Stated:** First time	The registered manager should maintain a list of the names, signatures and initials of designated care staff responsible for medicine related tasks.	**Met**
	Action taken as confirmed during the inspection: A list of the names, signatures and initials of care staff was observed at the inspection.	
Recommendation 5 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure there is supervision of staff with regard to medicines management.	**Met**
	Action taken as confirmed during the inspection: Following discussion with staff it was evident that there were arrangements in place to supervise staff regarding medicines management.	

Recommendation 6 **Ref**: Standard 38 **Stated:** First time	The registered manager should review the management of the disposal of medicines.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this had been reviewed. New policies and procedures had been developed and implemented. Two staff were involved in the disposal of medicines and records indicated that controlled drugs were denatured prior to disposal. Waste transfer notes were in place.	

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 and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in the management of enteral feeding and syringe drivers was provided in the last year. The most recent training in medicines management was in July 2016.

There were largely satisfactory systems 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. However, it was noted that a number of oral nutritional supplements and a few other medicines had been out of stock during the medicine cycle and on the day of the inspection. All medicines must be available for administration. These medicines had been ordered and delivery was expected later on the day of the inspection. A recommendation was made.

There were largely 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. (see also Section 4.4)

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

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

The majority of medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, the cold storage of medicines requires further review to ensure that refrigerator temperatures are maintained within the accepted range of 2^{o}C to 8^{o}C. This was discussed in relation to temperatures below 2^{o}C particularly regarding insulin storage and ice formation. A requirement was stated for a second time. Whilst there were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened, one eye preparation had passed the expiry date and was removed and replaced during the inspection. It was agreed that this would be shared with all trained staff for review each month.

Following discussion with staff it was established that tins of thickening powder may be stored in the patient's bedroom. This was discussed in relation to the safety alert and it was agreed that these tins would be removed with immediate effect and all staff would be made aware.

Areas for improvement

The stock control of medicines should be reviewed to ensure that all medicines are available for administration as prescribed. A recommendation was made.

The cold storage of medicines must be reviewed. A requirement was stated for a second time.

Number of requirements	1	**Number of recommendations**	1

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions.

For some but not all medicines there was evidence that time critical medicines had been administered at the correct time. The printed medication administration records stated meal times rather than the actual time, i.e. breakfast, lunch, afternoon, evening and night. Therefore for some medicines which require administration before food, or medicines which must be administered at specific times or must have specific time intervals between medicines, it could not be ascertained what the actual time of administration was. A recommendation was made.

There were arrangements in place to alert staff of when doses of weekly 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 not fully recorded on the personal medication record. The minimum frequency of dosing and/or maximum daily dose should be recorded. A care plan was maintained for some but not all of the patients' records examined. 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. The reason for and the outcome of administration were not recorded and it was noted that these medicines were regularly administered for three patients. Any ongoing administration of a "when required" medicine should be reported to the prescriber. This was discussed in relation to the care standards and RQIA provider guidance. A recommendation was made.

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

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. Each administration was recorded and care plans and speech and language assessment reports were in place. The prescribed consistency level was not recorded on the personal medication records or administration records; however, staff provided an up to date list of patients' names and prescribed consistency level of thickened fluids. They advised that this list was used each day to assist with administration. It was agreed that this information would be added to these records after the inspection.

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.

The majority of the medicine records examined had been well maintained and areas of good practice were acknowledged. They included separate administration records for transdermal patches, insulin and warfarin. It was noted that for a small number of medicines the dosage directions on the personal medication record, corresponding medication administration record and medicine label differed. These should state the same dosage directions per medicine. A recommendation was made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some solid dosage medicines, nutritional supplements and inhaled medicines. In addition, a quarterly audit was completed by a representative from the community pharmacy.

Following discussion with the staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns regarding medicines management.

Areas for improvement

The administration of medicines records should be reviewed to ensure that the time of administration is clearly stated. A recommendation was made.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions should be reviewed to ensure that a care plan is maintained, the reason for and outcome of any administration is recorded and any ongoing/regular administration is reported to the prescriber. A recommendation was made.

The necessary arrangements should be made to ensure that the dosage directions on the patient's personal medication record, medication administration record and medicine label correspond. A recommendation was made.

Number of requirements	0	**Number of recommendations**	3

4.5 Is care compassionate?

The administration of medicines was not observed at the time of the inspection. Following discussion with staff, it was ascertained that medicines were administered to patients in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible. Staff provided an example of where medicines were administered at a time specified by the patient.

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

The patients spoken to at the inspection advised that there were content with their care in the home and the management of their medicines. They were complimentary of the staff and their comments included:

"This is a good place."
"The food is great."
"Staff are lovely."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. These were located in several different folders in the treatment room; it was suggested that these should be located in one folder for ease of reference. There was evidence that staff had read and signed the most recent updates to the policies.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

A review of the audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice. As there were areas identified for improvement in the domains of safe and effective care, it was suggested that the audit process should include these areas.

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

Not all of the requirements made at the last medicines management inspection had been 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.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated at shift handover, individually or at team meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Liz Jones, Nurse-in-Charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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 provider 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 provider 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:** Second time **To be completed by:** 18 November 2016	The registered manager must ensure that robust arrangements are in place for the cold storage of medicines.
	Response by registered provider detailing the actions taken: We have contacted our Pharmaceutical suppliers and are awaiting the provision of a cold storage system that has an integrated temperature monitoring sytem installed
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 18 November 2016	The registered provider should review the stock control of medicines to ensure that all medicines are available for administration as prescribed.
	Response by registered provider detailing the actions taken: All nursing staff have been reminded via memo to reorder medications when stock is running low to allow for issue of script and delivery of medications.
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 18 November 2016	The registered provider should ensure that the time of administration is recorded on the administration records.
	Response by registered provider detailing the actions taken: Pharmaceutical suppliers have been contacted and this has already been actioned.
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 18 November 2016	The registered provider should review the management of distressed reactions to ensure that a care plan is maintained; the reason and outcome of administration are recorded and any regular administration is reported to the prescriber.
	Response by registered provider detailing the actions taken: This has already been actioned by nursing team

Recommendation 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 18 November 2016	The registered provider should make the necessary arrangements to ensure that the dosage directions on the personal medication record, printed medication administration record and medicine label correspond.
	Response by registered provider detailing the actions taken: Nursing staff made aware of same, along with ongoing audits and current check by night staff this will also be audited on a monthly basis by a designated nurse when reordering medications

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