Unannounced Medicines Management Inspection Report
31 August 2016

Glenkeen House

Type of Service: Nursing Home
Address: 100 Glenkeen Church Road, Randalstown, BT41 3JX
Tel No: 028 9447 9794
Inspector: Rachel Lloyd

1.0 Summary

An unannounced medicines management inspection of Glenkeen House took place on 31 August 2016 from 09.30 to 13.40.

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 had received training and been deemed competent to manage medicines. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. There were no areas of improvement identified.

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. Areas of improvement were identified in relation to record keeping for bisphosphonate medicines, medicines administered 'when required' for distressed reactions and the audit process. Three recommendations were made. No requirements were 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. There were no areas of improvement identified.

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. There were no areas of improvement identified.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to sections 4.2 and 5.0 of this report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacqueline McShane, 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 estates inspection

The most recent inspection of the home was an announced estates inspection on 19 August 2016. The draft report was issued on 13 September 2016.

2.0 Service details

Registered organisation/registered persons: Hutchinson Homes Ltd Mrs Janet Montgomery and Ms Naomi Carey	**Registered manager:** Mrs Jacqueline Elizabeth McShane
Person in charge of the home at the time of inspection: Mrs Jacqueline Elizabeth McShane	**Date manager registered:** 1 April 2005
Categories of care: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	**Number of registered places:** 40

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.

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.

We met with two registered nurses and the registered 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
- 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 August 2016

The most recent inspection of the home was an announced estates inspection. The draft report was issued to the home on 13 September 2016. The QIP will be validated by the estates inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 19 August 2014

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 19(3)(b) **Stated:** First time	The registered manager must ensure that records are available for inspection at all times.	**Met**
	Action taken as confirmed during the inspection: The registered manager and nurses on duty confirmed that the nurse in charge holds a key to access any necessary records in the absence of the registered manager. All records were available for inspection.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that two designated staff sign new entries on personal medication records to ensure accuracy in transcription and spelling.	**Met**
	Action taken as confirmed during the inspection: Personal medication records examined and any new entries had been countersigned by a second designated member of staff and most had additionally been signed by the general practitioner.	

Recommendation 2 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that prescribed thickeners and the required consistency are recorded on the personal medication record and that the consistency of all thickened fluids administered is recorded.	**Met**
	Action taken as confirmed during the inspection: This had been satisfactorily addressed in the three examples of these records examined.	

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, senior care staff and for care staff who had been delegated medicine related tasks. Competency assessments were completed annually. The impact of training was monitored through supervision and annual appraisal. Additional training in the management of medicines administered via enteral feeding tubes had taken place in March 2016.

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 were updated by two trained members of staff. 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 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. Additional checks were also performed on other controlled drugs which is good practice.

Satisfactory 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.

Medicines were mostly largely 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 readings were observed for the room temperature and the medicines refrigerator temperature was satisfactory at the time of the inspection. However, the maximum refrigerator temperature had exceeded the required maximum of 8°C frequently in recent months, indicating that the thermometer is not being reset regularly. This was discussed and it was agreed that all relevant staff should be trained in the appropriate procedure and the action to be taken if temperatures fall outside of the required range of 2°C. to 8°C.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. However, for some bisphosphonate medicines, which must be administered 30 minutes clear of food and other medicines, this was not evidenced in medicine records although the registered manager stated that they were administered separately. The management of these medicines should be reviewed. A recommendation was made.

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. Care plans were in place; however it was advised that these should include patient specific details. The reason for and the outcome of administration were not always recorded. 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 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 examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Care plans and speech and language assessment reports were in place. Systems were in place to ensure that records of administration were maintained.

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 mostly facilitated the audit process, however the date of opening was not recorded on some medicines e.g. insulin pen devices, some liquids and some medicines prescribed for use 'when required'. 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 several medicines which were not contained within the blister pack system. Management completed monthly audits and In addition, audits were completed by the community pharmacist.

Following discussion with the registered manager and registered nurse, it was evident that when applicable, other healthcare professionals are contacted in response to medication related issues.

Areas for improvement

The management of bisphosphonate medicines should be reviewed to ensure that medicine records accurately reflect the time of administration. A recommendation was made.

The reason for and the outcome of administration of medicines administered on a 'when required' basis for the management of distressed reactions should be recorded on every occasion. A recommendation was made.

The date of opening should be recorded on all medicines to facilitate the audit process. A recommendation was made.

Number of requirements	0	Number of recommendations	3

4.5 Is care compassionate?

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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. A copy was available for staff reference in the treatment room. The registered manager advised that all policies and procedures are currently being reviewed and revised as necessary against the care standards. 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 these 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.

Following discussion with the registered manager and the 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. They advised that any resultant action was communicated with staff either individually or via 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 Mrs Jacqueline McShane, Registered Manager, 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 the 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 taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements 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	
Recommendations	
Recommendation 1 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider should ensure that the management of bisphosphonate medicines is reviewed to ensure that medicine records accurately reflect the time of administration.
	Response by registered provider detailing the actions taken: All residents who are prescribed bisphosphonate medicines are administered the medication at 9am as per practice, the medication record sheet has been amended to reflect this
Recommendation 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider should ensure that the reason for and the outcome of administration of medicines administered on a 'when required' basis for the management of distressed reactions is recorded on every occasion.
	Response by registered provider detailing the actions taken: A record will be made in the daily records whenever a medicine is administered on a 'when required' basis for the management of distressed reactions and records will record why mediciation was required and how effective it was
Recommendation 3 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider should ensure that the date of opening is recorded on all medicines to facilitate the audit process.
	Response by registered provider detailing the actions taken: The date of opening is recorded on all medications as normal practice to ensure that this is an ongoing process to enable audits to be carried out

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

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