Unannounced Medicines Management Inspection Report
18 April 2016

Cove Manor

89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU
Tel No: 028 8673 6349
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Cove Manor took place on 18 April 2016 from 09.50 to 15.30.

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.

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?
Two recommendations have been made; one of these has been stated for the second time.

Is care effective?
One requirement and one recommendation have been stated for the second time and one recommendation has been made.

Is care compassionate?
No requirements or recommendations were made.

Is the service well led?
Two recommendations have been made. Issues were identified within two other domains as detailed in the report.

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 the 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 Cove Manor which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the QIP within this report were discussed with Mr Sean McCartney, Registered Person and Mrs Madge Quinn, 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 most recent inspection on 28 September 2015.

2.0 Service details

Registered organisation/registered person: Cove Manor Care Home Ltd/ Mr Sean McCartney	**Registered manager:** Mrs Madge Quinn
Person in charge of the home at the time of inspection: Mrs Madge Quinn	**Date manager registered:** 1 December 2010
Categories of care: RC-PH, RC-LD(E), NH-I, RC-I, RC-MP(E), RC-PH(E), NH-PH, NH-DE	**Number of registered places:** 31

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home

Prior to the inspection, it was ascertained that no incidents involving medicines had been reported to RQIA since the last medicines management inspection.

We met with two patients, one member of care staff, one registered nurse and one patient's relative.

The following records were 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 28 September 2015

The previous 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 4 June 2014

Last medicines management inspection statutory requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must investigate the observations made in codeine, tramadol and diazepam prescribed for Patient A; a written report of the findings and action taken must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: A written report was received by RQIA within the specified timeframe.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must closely monitor the administration of lactulose liquid for Patient B and Symbicort inhaler for Patient C; any further discrepancies must be investigated and reported to RQIA.	**Met**
	Action taken as confirmed during the inspection: These medicines were closely monitored. No further concerns were noted in these medicines at the inspection.	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must review the arrangements for the disposal of medicines to ensure they meet with the waste regulations for nursing homes.	**Met**
	Action taken as confirmed during the inspection: The disposal of medicines had been reviewed. Controlled drugs and other medicines were denatured prior to disposal. All medicines were uplifted by a licensed waste contractor in line with the waste regulations.	

Requirement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must put robust arrangements in place for the management of bisphosphonate medicines.	**Not met**
	Action taken as confirmed during the inspection: There was no evidence that this requirement had been addressed and it has been stated for a second time.	
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that a record of the disposal of each medicine is maintained.	**Met**
	Action taken as confirmed during the inspection: A record of the disposal of medicines is maintained.	
Requirement 6 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must investigate the management of two controlled drugs (Durogesic and BuTrans); a written report of the findings and action taken must be forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: A written report was received by RQIA within the specified timeframe.	
Requirement 7 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must ensure that robust arrangements are in place for the management of controlled drugs at all times.	**Met**
	Action taken as confirmed during the inspection: Robust arrangements were in place for the management of controlled drugs. There was evidence that some areas in relation to record keeping and stock reconciliation checks had been identified for improvement and had been addressed earlier in the year.	

Requirement 8 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must confirm that controlled drugs which are subject to the safe custody regulations are stored in a cabinet which meets with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973.	**Met**
	Action taken as confirmed during the inspection: A new controlled drug cabinet which meets the requirements in the Misuse of Drugs (Safe Custody) (NI) Regulations 1973 was in place.	
Requirement 9 **Ref:** Regulation 13(4) **Stated:** First time	The registered manager must put robust arrangements in place for the management of insulin pen devices.	**Met**
	Action taken as confirmed during the inspection: No insulin pen devices were prescribed or held in stock. The registered manager advised of the robust procedures in place for the management of insulin pens.	
Last medicine management inspection recommendations		**Validation of Compliance**
Recommendation 1 **Ref:** Standard 37 **Stated:** First time	The registered manager should further develop the disposal of medicines policy and procedures to ensure these meet with the waste regulations.	**Met**
	Action taken as confirmed during the inspection: Although a policy had been developed, the details in the policy did not meet with the waste regulations and did not correlate with the current practice in the home. The policy should be further updated and this was discussed in detail. As written, the recommendation has been partially met; however, due to the assurances given by the registered provider, this recommendation is not stated for a second time and has been assessed as met.	

Recommendation 2 **Ref:** Standard 37 **Stated:** First time	The registered manager should develop and implement written standard operating procedures for the management of controlled drugs in Cove Manor.	**Met**
	Action taken as confirmed during the inspection: The medicines management policies had been updated to include the management of controlled drugs. It was agreed that detail in relation to stock reconciliation checks would be added.	
Recommendation 3 **Ref:** Standard 37 **Stated:** First time	The registered manager should ensure that any medicines which are deemed unsuitable or are discontinued are disposed of in the clinical waste bin by two members of designated staff and both staff should sign the record of disposal.	**Partially met**
	Action taken as confirmed during the inspection: With the exception of controlled drugs, the disposal of medicines involved only one registered nurse. Clinical waste bins were not in use, however, these were ordered during the inspection. This recommendation has not been met and has been stated for a second time.	
Recommendation 4 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure that two staff are involved in the writing and updating of personal medication records on every occasion.	**Met**
	Action taken as confirmed during the inspection: This practice occurs on most but not all occasions. The registered manager advised that this would be raised with the registered nurses. As written, this recommendation has been partially met; however, following the assurances provided, this recommendation has not been stated for a second time and has been assessed as met.	

Recommendation 5 **Ref:** Standard 38 **Stated:** First time	The registered manager should review the writing of personal medication records to ensure the dosage column clearly states the number of doses prescribed.	**Met**
	Action taken as confirmed during the inspection: The sample of personal medication records indicated that the dosage column usually stated the strength prescribed and on some records, the number of doses prescribed. Staff should use a consistent approach to record doses and this was discussed with management. It was acknowledged that the dose prescribed could be readily determined. This recommendation has been partially met; however, due to the assurances provided which included rewriting of the personal medication records, this is not stated for a second time and has been assessed as met.	
Recommendation 6 **Ref:** Standard 38 **Stated:** First time	The registered manager should ensure the audit process includes the monitoring of medicine administration records pertaining to variable doses.	**Met**
	Action taken as confirmed during the inspection: A review of the audit records indicated that medicines prescribed as a variable dose had been included in the audit process and satisfactory outcomes had been achieved.	
Recommendation 7 **Ref:** Standard 39 **Stated:** First time	The registered manager should ensure that stocks of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled and recorded on each occasion when the responsibility for safe custody is transferred.	**Met**
	Action taken as confirmed during the inspection: Stock balances of Schedule 2 and Schedule 3 controlled drugs were checked at each shift change.	

Recommendation 8 **Ref:** Standard 37 **Stated:** First time	The registered manager should refer the frequent administration of 'when required' medicines prescribed for distressed reactions to the prescriber.	**Met**
	Action taken as confirmed during the inspection: These medicines may be administered on a regular basis. The registered manager advised that the prescriber was aware of this.	
Recommendation 9 **Ref:** Standard 37 **Stated:** First time	The registered manager should review the management of distressed reactions to ensure care plans are in place and the reason for the administration and outcome of the administration are recorded on every occasion.	**Partially met**
	Action taken as confirmed during the inspection: A care plan for distressed reactions was observed and reviewed regularly. The reason for and the outcome of the administration were not recorded. This element of the recommendation is stated for a second time.	

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 general medicines management was provided in the last year.

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 largely satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were usually updated by two registered nurses. However, a discrepancy in stock supplies of two medicines was found and examined. It was established that the medicines in a seven day medicine pack had not been revised following the change in dosage and it could not be determined if the change in dose had been adhered to. A recommendation was made. The registered manager agreed to contact the prescriber.

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. Staff were reminded that written confirmation of the patient's medicine regimes should be received for any patient admitted for a period of respite care. There were no patients in receipt of respite care on the day of the inspection.

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 by one member of staff on most occasions and these were disposed of into clinical waste bags. Two staff should be involved in this process and a recommendation was stated for a second time. Advice was given. Discontinued controlled drugs were denatured and rendered irretrievable by two registered nurses 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 and oxygen equipment were checked at regular intervals.

Areas for improvement

The registered manager should ensure that there are safe systems in place to manage changes in prescribed medicines. A recommendation was made.

The disposal of medicines should be reviewed to ensure that two staff are involved in the disposal of all medicines. A recommendation was stated for a second time.

Number of requirements	0	Number of recommendations	2

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. However, some discrepancies were observed and highlighted at the inspection. There was no evidence that bisphosphonate medicines had been administered at separate times from food or other medicines and staff were not familiar with the manufacturer's specific administration instructions for these medicines. They had been supplied in the seven day medicine packs. A requirement made at the last medicines management inspection was stated for a second time.

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. A care plan was maintained. A reason for and the outcome of the administration was not recorded. A recommendation was stated for a second time. There was evidence that these medicines may be administered on a regular basis. The registered manager confirmed that this had been referred to the prescriber and other members of the multidisciplinary team. 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 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 pain, and a pain 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 registered manager advised that all patients receive an annual review of their medical nursing plan.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record. Details of the prescribed fluid consistency were not recorded. It was agreed that this would be added following the inspection. Each administration was recorded and a care plan and speech and language assessment report was 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.

Some of the medicine records were well maintained and facilitated the audit process. However, several personal medication records needed rewriting and some incomplete entries were noted in the administration records. A recommendation was made.

Practices for the management of medicines were audited throughout the month by the staff. This included the recording of running stock balances for analgesics and nutritional supplements. Some discrepancies were noted in the stock balances and these were discussed with management.

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

Areas for improvement

The management of bisphosphonate medicines must be reviewed. The requirement is stated for a second time.

Where medicines are administered for the treatment of distressed reactions, a record of the reason for and outcome of the administration should be recorded on each occasion. A recommendation was stated for a second time.

A robust system should be developed to ensure that medicine records are fully and accurately maintained at all times. A recommendation was made.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to a small number of patients was observed at the inspection. It was found that the medicines were administered in a caring manner and as discreetly as possible. The patients were given time to take their medicines.

The patients spoken to at the inspection, advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a "when required" basis were adhered to in a timely manner e.g. pain relief.

The relative of a patient advised that they were very pleased with the care in the home and the treatment and attention provided.

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. Some of these required further review and was discussed throughout the inspection in relation to controlled drugs, disposal of medicines, the medicine system and management of changes. A recommendation was made.

There were systems in place to manage incidents. Staff confirmed that they knew how to identify and report incidents. There had been no medicine related incidents reported since the last medicines management inspection.

A review of the internal audit records indicated that although largely satisfactory outcomes had been achieved, where a discrepancy had been identified; there was no evidence of the action taken or details of the learning from the incident. It was also noted that there were similar discrepancies in the same medicines and there were some discrepancies in the running stock balance records for analgesics. 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.

Most of the requirements and recommendations made at the last medicines management inspection had been fully addressed. As one requirement and two recommendations were stated for a second time, it was suggested that the QIP from previous inspections should be used as part of the auditing process, to ensure that all improvements were sustained.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

A system should be developed to ensure that the policies and procedures for medicines management are reviewed and developed to ensure these reflect the current practices in the home. A recommendation was made.

The procedures to report and manage audit discrepancies should be reviewed to ensure that any audit discrepancies are reported to management and investigated, and a record of any corrective action is maintained. A recommendation was made.

Number of requirements	0	Number of recommendations	2

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Sean McCartney, Registered Provider and Mrs Madge Quinn, 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 the 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:** Second time **To be completed by:** 19 May 2016	The registered manager must put robust arrangements in place for the management of bisphosphonate medicines.
	Response by registered person detailing the actions taken: The procedure for the administration of bisphosphonate medicines has been reviewed. The records for the administration of bisphosphonate have been updated and staff have been instructed on the administration of bisphosphonates.
Recommendations	
Recommendation 1 **Ref**: Standard 37 **Stated:** Second time **To be completed by:** 19 May 2016	The registered manager should ensure that any medicines which are deemed unsuitable or are discontinued are disposed of in the clinical waste bin by two members of designated staff and both staff should sign the record of disposal.
	Response by Registered Person(s) detailing the actions taken: A seperate medicine disposal bin has been put in place and 2 staff will oversee the disposal of medicines.
Recommendation 2 **Ref**: Standard 37 **Stated:** Second time **To be completed by:** 19 May 2016	The registered manager should review the management of distressed reactions to ensure the reason for the administration and outcome of the administration are recorded on every occasion.
	Response by Registered Person(s) detailing the actions taken: The reason for administration of distress reaction drugs is now recorded along with the outcome.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 19 May 2016	The procedures for the management of changes in prescribed medicines should be reviewed to ensure that robust arrangements are in place.
	Response by Registered Person(s) detailing the actions taken: 2 signatures are required to verify a change in medication.

Recommendation 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 19 May 2016	A robust system should be developed to ensure that medicine records are fully and accurately maintained at all times.
	Response by Registered Person(s) detailing the actions taken: Kardexes are being rewritten and will be rewritten regularly. Staff have been reminded that administration (or non administration) should be documented.
Recommendation 5 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 31 May 2016	A system should be developed to ensure that the policies and procedures for medicines management are reviewed and developed to ensure these reflect the current practices in the home.
	Response by Registered Person(s) detailing the actions taken: All policies and procedures concerning medicine management are currently being reviewed. Upon completion , they will then be reviewed regularly.
Recommendation 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 19 May 2016	The procedures to report and manage audit discrepancies should be reviewed to ensure that any audit discrepancies are reported to management, these are investigated and a record of the corrective action is maintained.
	Response by Registered Person(s) detailing the actions taken: All nursing staff will be informed of discrepancies , which will be investigated by management and a note will be made of any corrective action.

The Regulation and Quality Improvement Authority

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