Unannounced Medicines Management Inspection Report
6 April 2017

Cove Manor

Type of Service: Nursing Home
Address: 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 6 April 2017 from 10.10 to 15.10.

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 limited evidence to indicate that the management of medicines supported the delivery of safe care and positive outcomes for patients. Although staff administering medicines had been trained and deemed competent, the outcomes of this inspection identified that further area of training were required. Weaknesses were identified in the management of high risk medicines and the management of medicine changes. Two requirements and two recommendations were made.

Is care effective?

Some areas of the management of medicines supported the delivery of effective care. Whilst the majority of medicines were administered as prescribed, there were weaknesses identified in the management of bisphosphonate medicines, the standard of record keeping and management of distressed reactions. Two requirements and one recommendation were made. One of the requirements was stated for the third and final time.

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. There were no areas of improvement identified.

Is the service well led?

There was limited evidence to indicate that the service was well led with respect to the management of medicines. Whilst written policies and procedures for the management of medicines were in place which supported the delivery of care, these were not always being adhered to. In relation to the governance arrangements, robust arrangements were not in place to audit all aspects of medicines management and to manage medicine related incidents. Two requirements 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 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	6	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Madge Quinn, Registered Manager, and Mr Sean McCartney, Registered Provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office on 13 April 2017 with Mr Sean McCartney, Registered Person and Mrs Madge Quinn, Registered Manager. At this meeting, a full account of the actions taken to ensure that robust systems for the management of medicines were in place was provided.

Following this meeting RQIA decided to give the management of the home a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Cove Manor and will carry out an inspection to assess compliance.

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 18 October 2016.

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: Ms Noreen Moran (Staff Nurse) until 12.00 and Mrs Madge Quinn thereafter	**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
- the incidents register – it was ascertained that no medicine related incidents were reported to RQIA since the last medicines management inspection.

We met with three patients, one registered nurse, the registered manager and the registered provider.

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.

Fifteen questionnaires were issued to patients, patient's relatives/representatives and staff, with a request that these were completed and returned to RQIA within one week of 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 18 October 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection 18 April 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second 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: The findings of the inspection indicate that robust arrangements were not in place for these medicines. There was limited evidence to indicate that they had been administered as prescribed. **This requirement has not been met and is stated for the third and final time.**	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for the disposal of medicines.	
Recommendation 2 **Ref**: Standard 37 **Stated:** Second time	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.	**Not Met**
	Action taken as confirmed during the inspection: The reason for and outcome of each administration was not recorded. There was evidence that these medicines were administered on a regular basis. A system to monitor and refer any increase in the frequency of administration to the prescriber was not in place. **This recommendation has not been met and is subsumed into a requirement.**	
Recommendation 3 **Ref**: Standard 28 **Stated:** First time	The procedures for the management of changes in prescribed medicines should be reviewed to ensure that robust arrangements are in place.	**Not Met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that the management of medicine changes or medicines for new patients was robust. There were discrepancies noted in the administration of anticoagulant medicines, antibiotic medicines and written confirmation of the medicine regime for a recently admitted patient was not in place. Two staff were not involved in the writing or updating of personal medication records for new admissions or medicine changes. **This recommendation has not been met and has been subsumed into a requirement.**	

Recommendation 4 **Ref**: Standard 29 **Stated:** First time	A robust system should be developed to ensure that medicine records are fully and accurately maintained at all times.	**Not Met**
	Action taken as confirmed during the inspection: Examination of the personal medication records and administration records indicated that improvement is necessary. There was evidence of code-copying on administration records. This issue has been discussed at previous inspections; although there was evidence in the training records that staff had been informed that this practice must not occur, this had not been adhered to. **This recommendation has been stated for a second time.**	
Recommendation 5 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A sample of medicines policies was provided at the inspection. These had been updated after the last medicines management inspection.	
Recommendation 6 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the auditing of medicines had been further developed. The records sampled, indicated that satisfactory outcomes had been achieved. Staff advised of the procedures which were undertaken when a discrepancy was identified. As written this recommendation has been met. However, the auditing process should be further developed as detailed in Sections 4.4 and 4.6.	

4.3 Is care safe?

Management confirmed that 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. They advised that the impact of training and staff competency was monitored through team meetings, supervision and annual appraisal. However, due to the inspection findings further medicines management training including accountability should be completed. A recommendation was made.

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. Safe systems were in place for the acquisition and storage of prescriptions.

In relation to the regional safeguarding procedures, staff confirmed that they were familiar with these. They advised that training in adult safeguarding had been provided in January 2016 and further training was currently being sourced.

The management of changes to prescribed medicines must be reviewed. Personal medication records were not updated in a timely manner by two trained staff. A recommendation was made. We found that two doses of an antibiotic may have been administered to the wrong patient, and may have resulted in the delayed commencement of the antibiotic for the correct patient; the wrong dose of one other medicine was also administered. Safe systems must be in place for the management of medicine changes. The recommendation made at the last inspection has been subsumed into a requirement. See below.

The procedures in place for the admission of a patient were examined. Where a patient was admitted following discharge from hospital, the relevant records were maintained. However, when a patient was admitted from their own home or for a period of respite care, written confirmation of the medicine regimes was not obtained. A requirement regarding the admission of patients and management of medicine changes was made.

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. Staff were reminded that these checks must also include any controlled drugs which were awaiting disposal. Additional checks were also performed on some other controlled drugs which is good practice.

Improvement is required in the management of high risk medicines. Three discrepancies were noted in two high risk medicines and it was agreed that these would be reported to the patient's general practitioner after the inspection. Written confirmation of one insulin dose was not in place. A requirement was made.

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 and oxygen equipment were checked at regular intervals.

Areas for improvement

Staff should be provided with training in medicines management. A recommendation was made.

Two designated members of staff should be involved in the writing and updating of personal medication records. A recommendation was made.

Robust arrangements must be put in place to ensure the safe management of medicines at times of admission and when there are medicine changes. A requirement was made.

The management of high risk medicines must be reviewed to ensure that these medicines are administered in strict accordance with the prescribers' instructions. A requirement was made.

Number of requirements	2	Number of recommendations	2

4.4 Is care effective?

Most medicines were supplied in a seven day monitored dosage system. These were labelled appropriately.

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. There were a few discrepancies and these were highlighted at the inspection.

There was no evidence that time critical medicines such as bisphosphonate medicines had been administered at the correct time (see Section 4.2). A requirement was stated for the third and final 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 in place for most of the patients prescribed these medicines. Staff confirmed they 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 administered on a regular basis for some patients. Advice was given at the inspection. A system should be in place to ensure that any increased frequency in the administration of these medicines is noted and referred to the prescriber for review. The recommendation previously made was subsumed into a requirement (see Section 4.2).

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

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. Improvements were found to be necessary in the completion of personal medication records and medication administration records (see Section 4.2). A recommendation was stated for a second time.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to medicines management.

Areas for improvement

Robust arrangements must be in place to administer bisphosphonate medicines. A requirement was stated for the third and final time.

The management of distressed reactions must be reviewed to ensure that records are fully maintained and systems are in place to monitor and report any increased frequency of administration of anxiolytic medicines. A requirement was made.

Medicine records must be fully maintained at all times. A recommendation was stated for a second time.

Number of requirements	2	Number of recommendations	1

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.

Following discussion with staff, it was ascertained that patients were administered medicines in their preferred location, i.e. bedroom, dining room or lounge. Staff provided examples of where some patients would have their medicines later in the morning as they liked to stay in bed for a while. Staff confirmed that this did not impact on the minimum time intervals for medicines which were prescribed throughout the day. There was evidence of good relationships between the staff and patients.

The patients spoken to advised that they were satisfied with the manner in which their medicines were managed and administered. They advised that they had no concerns regarding their care in the home and were very complimentary about the staff and management.

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.

As part of the inspection, questionnaires were issued to patients, patient's relatives/representatives and staff. No questionnaires were received by RQIA at the time of issuing this report.

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. Management advised that these were reviewed every year. Following discussion with staff it was evident that they were familiar with the policies and procedures, however, in relation to record keeping these were not always being adhered to.

The management of medicine related incidents was reviewed. There had been no medicine related incidents reported to RQIA in the last five years. Although staff advised of the procedures that would be followed when an incident occurred, three incidents in relation to medicines were noted at the inspection. There was no evidence that the incidents had been reported within the organisation and/or to RQIA. This suggests that staff were not familiar with issues/discrepancies that should be recognised as a medicine related incident. A requirement was made.

The internal auditing process for medicines management was reviewed. There were records of audits on medicines; most were performed on those supplied in the seven day blister packs. Running stock balances were maintained for some medicines. Generally satisfactory outcomes had been achieved. However, as areas for improvement were identified regarding the administration of medicines, record keeping and incident management, robust governance arrangements must be developed. The requirement and two of the recommendations made at the last medicines management inspection had not been addressed effectively. To ensure that these are fully addressed and the improvement sustained, the QIP should be regularly reviewed as part of the quality improvement process. A requirement was made.

Following discussion with management, they confirmed that staff were aware of their roles and responsibilities. However, the findings of the inspection indicate that these should be reiterated with staff. A recommendation regarding training and accountability was made in Section 4.4.

Areas for improvement

The necessary arrangements must be made to ensure that staff know how to recognise and report medicine related incidents. A requirement was made.

The auditing arrangements for medicines management must be further developed. A requirement was made.

Number of requirements	2	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 Madge Quinn, Registered Manager, and Mr Sean McCartney, Registered Provider, 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 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:** Third and final time **To be completed by:** 7 May 2017	The registered manager must put robust arrangements in place for the management of bisphosphonate medicines.
	Response by registered provider detailing the actions taken: Bisphosphonate medicines have now been removed from blister packs to ensure they are administered at a differnt time from the morning tablets. A bisphosphonate auditing sheet has been put in place to improve the robustness of the auditing of bisphosphonates Staff have been informed of administration requirements.
Requirement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 May 2017	The registered provider must ensure there are safe systems in place for the management of new patients' medicines and medicine changes.
	Response by registered provider detailing the actions taken: All new residents are to have an up to date medication list upon entry to the home. This should be provided by the hospital or G.P. whichever is appropriate.
Requirement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 May 2017	The registered provider must develop a safe system for the management of high risk medicines.
	Response by registered provider detailing the actions taken: An additional sheet has been added for the auditing of antibiotics and PRN medication. Ammended warfarin sheets are in place. 2 staff to sign all new enteries to medication kardex.
Requirement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 May 2017	The registered provider must review the management of distressed reactions to ensure that the relevant records are maintained, there is a system to monitor the frequency of administration and that any ongoing administration is referred to the prescriber.
	Response by registered provider detailing the actions taken: recording sheets for distress reaction medication to include reason given and outcome of administration.
Requirement 5 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 7 May 2017	The registered manager must make the necessary arrangements to ensure that all trained staff are aware of how to recognise and report medicine related incidents.
	Response by registered provider detailing the actions taken: Nursing manager and provider spoke to staff who administer medications on how to record and report medication incidents. Additional auditing by managers is in place.

Requirement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 7 May 2017	The registered provider must review the auditing processes for medicines management and ensure that these cover all aspects of medicines management.
	Response by registered provider detailing the actions taken: Auditing process has been reviewed and additional audits to improve the robustness of the management of medicines are now in place.
Recommendations	
Recommendation 1 **Ref:** Standard 29 **Stated:** Second time **To be completed by:** 7 May 2017	A robust system should be developed to ensure that medicine records are fully and accurately maintained at all times.
	Response by registered provider detailing the actions taken: all residents medication was reviewed and their medication kardex verified.
Recommendation 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 7 May 2017	The registered provider should provide further training for staff in medicines management and their professional accountability.
	Response by registered provider detailing the actions taken: On line training is being set up which will allow a more timely and efficient delivery of training to staff.
Recommendation 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 7 May 2017	The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.
	Response by registered provider detailing the actions taken: All medicine records are now being signed by 2 staff when changes are made.

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

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