Unannounced Medicines Management Inspection Report
16 January 2019

Cove Manor

Type of Service: Nursing Home
Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU
Tel No: 028 8673 6349
Inspector: Judith Taylor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with provides care for up to 18 patients living with healthcare needs as detailed in Section 3.0. This nursing home is located on the same premises as Cove Manor Residential Home.

3.0 Service details

Organisation/Registered Provider: Cove Manor Care Home Ltd **Responsible Individual:** Mr Sean McCartney	**Registered Manager:** Mrs Madge Quinn
Person in charge at the time of inspection: Ms Sarah Gildernew (Registered Nurse)	**Date manager registered:** 1 December 2010
Categories of care: Nursing Homes (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment	**Number of registered places:** 18 comprising: - first floor - 17 patients on the first floor - one named patient on the ground floor for the duration of their stay upon which this bed will transfer to the residential care home registration - NH-DE for three identified patients only - there shall be one named resident receiving residential care in category RC-MP. The home is also approved to provide care on a day basis only to three persons.

4.0 Inspection summary

An unannounced inspection took place on 16 January 2019 from 10.15 to 14.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The inspection assessed progress with any areas for improvement identified since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was evidence of good practice in relation to medicine training, care planning, the management of controlled drugs and the safe storage of medicines.

Areas requiring improvement were identified in relation to medicines administration, record keeping and audit.

The patients we met with spoke positively about the staff and the care provided. There was a warm and welcoming atmosphere in the home and the patients were observed to be relaxed and comfortable in their environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Madge Quinn, Registered Manager and Mr Sean McCartney, Responsible Individual, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2018. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- 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 was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection we met with two patients, two senior carers, one registered nurse, two directors of the organisation and the registered manager who was in attendance for feedback at the end of the inspection.

A sample of the following records was examined during the inspection:

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record books
- medicine audits
- care plans
- training records
- medicines storage temperatures

We provided 10 questionnaires to distribute to patients and their representatives, for completion and return to RQIA and we asked management to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

We left 'Have we missed you?' cards in the home to inform patients and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018

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

6.2 Review of areas for improvement from the last medicines management inspection dated 22 June 2017

There were no areas for improvement identified as a result of the last medicines management inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 medicines management was provided in the last year.

There were largely satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home and for the management of medicine changes. Written confirmation of medicine regimes and any medicine changes were obtained. Personal medication records were updated by two trained staff. This is safe practice and was acknowledged. However, this did not occur for handwritten entries on medication administration records. This was discussed and an area for improvement was identified.

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, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

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.

The management of high risk medicines e.g. warfarin and insulin was reviewed. The benefit of recording the site of administration of insulin was discussed. In relation to warfarin, two staff should be involved in transcribing the new dosage regime on the separate administration records, to ensure accuracy. An area for improvement was made above.

Discontinued or expired medicines, including controlled drugs, were safely disposed of.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and tidy. Patients' medicines were clearly segregated. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The current medicine refrigerator temperature was recorded each day and the temperature was within the accepted range of 2^{o}C - 8^{o}C. In order to ensure that the temperature is always within this range staff should ensure that both the maximum and minimum temperature is routinely recorded and that the thermometer is reset after the readings are taken each day. It was agreed that this would be commenced from the day of the inspection onwards.

Areas of good practice

There were examples of good practice in relation to staff training, competency assessment, the management of medicines on admission and controlled drugs.

Areas for improvement

The transcribing of medicines information should involve two members of staff and both staff should sign the entry.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Medicines were supplied in seven day packs or the original containers. The majority of the medicines examined had been administered in accordance with the prescriber's instructions. However, we observed a number of discrepancies in medicines which were not supplied in the seven day packs. An area for improvement was identified.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly or three monthly medicines were due.

The management of pain and distressed reactions was examined. Medicine details were recorded on the patient's personal medication records and corresponding medication administration records. Care plans were maintained. 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. Specific administration records for analgesics and anxiolytic/antipsychotic medicines prescribed on a "when required" basis were maintained and included the reason for and the outcome of administration, and also a running stock balance.

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. However, records of administration were not fully maintained and those completed by care staff did not include the consistency level administered. An area for improvement was identified.

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.

Most of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included the separate administration records for injectable medicines and bisphosphonate medicines, and the highlighted areas on records for high risk medicines. However, the management of personal medication records should be reviewed. Some of the personal medication records were not up to date, obsolete records required discontinuation and filing and there were a number of spelling mistakes regarding the name of the medicine. The potential risks were discussed. An area for improvement was identified.

Following discussion with management and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patient's healthcare needs. We were provided with examples of when this had occurred in relation to pain management, infection and swallowing difficulty.

Areas of good practice

There were some examples of good practice in relation to management of "when required" medicines and care planning.

Areas for improvement

The necessary arrangements must be made to ensure that all medicines are administered as prescribed.

The completion of records regarding the administration of thickening agents should be reviewed.

The management of personal medication records should be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The administration of medicines to patients was not observed during the inspection. Following discussion with staff it was evident they were knowledgeable about the patients' medicines and how the patients preferred to take their medicines.

We noted the warm and welcoming atmosphere in the home. Throughout the inspection, it was found that there were good relationships between the staff, the patients and the patients' representatives. Staff were noted to be friendly and courteous and engaged with patients and relatives/visitors. It was clear from observation of staff, that they were familiar with the patients' likes and dislikes.

We met with two patients who were complimentary about the care provided, the food, the staff and their experience in the home. They stated they had no concerns. Comments included:

- "The staff are good to you; food is lovely."
- "I get my medicines on time; I have no pain."
- "I couldn't complain about anything; I can ask for what I need and it's never a problem."

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.

Of the questionnaires, which were left in the home to receive feedback from patients/their representatives, five were returned within the specified time frame (two weeks). The responses were recorded as very satisfied with the care provided. Two comments were also made:

- "Girls go above and beyond to ensure we feel safe and well cared."
- "I feel this is my home and the girls go out of their way to make if feel like that..."

Any comments received in questionnaires returned after the specified time frame will be shared with the registered manager, as necessary.

Areas of good practice

Staff listened to patients and relatives and took account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

We discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to implement the collection of equality data.

Written policies and procedures for the management of medicines were in place. These were not examined at the inspection.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

The governance arrangements for medicines management were examined. Whilst there was evidence of the auditing and monitoring systems by management, the auditing systems should be reviewed. At the last medicines management inspection, we had acknowledged the progress made in addressing the areas for improvement previously highlighted. However, it was evident from this inspection that this had not been sustained, as areas for improvement were identified in the domains of safe and effective care. An area for improvement was identified.

Following discussion with the staff, they advised they knew their roles and responsibilities in relation to medicines management. They confirmed that any concerns in relation to medicines management were raised with the management team.

We were advised that there were effective communication systems to ensure that all staff were kept up to date. At each shift handover, in addition to the verbal handover, a printed sheet was used to include information regarding the patient's healthcare needs.

The staff spoke positively about their work and advised there were good working relationships in the home and with other healthcare professionals. They stated they felt well supported in their work and stated they had no concerns.

Four online questionnaires were completed by staff within the specified time frame (two weeks). Most of the responses were recorded as very satisfied/satisfied with the four domains of safe, effective, compassionate and well led. Two responses in relation to the domain of safe care were recorded as unsatisfied and undecided. These were shared with the management. One comment was also made:

- "Cove Manor is a very homely happy place where residents care is our priority."

Areas of good practice

There were examples of good practice in relation to the management of medicine incidents and there were clearly defined roles and responsibilities for staff.

Areas for improvement

The auditing process for medicines management should be further developed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement 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, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 16 February 2019	The registered person shall ensure that all medicines are administered as prescribed. Ref: 6.5
	Response by registered person detailing the actions taken: All handwritten entries on medication administration is checked by 2 competent staff and signed. Handwritten entries on Kardex will be typed as soon as possible and again checked by two competent staff. This is too ensure that all medication are recorded and administered as prescribed.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 16 February 2019	The registered person shall ensure that two staff are involved in transcribing medicines information on medicine records and both staff sign the entry. Ref: 6.4
	Response by registered person detailing the actions taken: Two staff are involved in the transcribing of mediction information as described above.
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 16 February 2019	The registered person shall closely monitor the administration records for thickened fluids to ensure these are fully maintained. Ref: 6.5
	Response by registered person detailing the actions taken: Administration of thickened fluids is documented on the atients daily fluid chart. This includes the consistency levels. Staff document times of thickened fluids.
Area for improvement 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 16 February 2019	The registered person shall ensure that robust arrangements are in place for the management of personal medication records. Ref: 6.5
	Response by registered person detailing the actions taken: Records have been reviewed and updated. obsolete records have been filed according to nmc guidelines.

Area for improvement 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 16 February 2019	The registered person shall further develop the audit process to ensure it covers the areas identified for improvement. Ref: 6.7
	Response by registered person detailing the actions taken: Audit process has been improved to include 4 weekly checks on marrs sheets,medication kardexes and fluid balance charts.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews