

Unannounced Follow Up Medicines Management Inspection Report 22 June 2017



Cove Manor

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 31 beds that provides care for adults living with a variety of care needs.

3.0 Service details

<p>Registered organisation/registered person: Cove Manor Care Home Ltd</p> <p>Responsible Individual: Mr Sean McCartney</p>	<p>Registered manager: Mrs Madge Quinn</p>
<p>Person in charge of the home at the time of inspection: Ms Sarah Gildernew (Registered Nurse)</p>	<p>Date manager registered: 1 December 2010</p>
<p>Categories of care:</p> <p><u>Nursing Home (NH)</u> I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment</p> <p><u>Residential Care (RC)</u> I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years PH – Physical disability other than sensory impairment LD(E) – Learning disability – over 65 years</p>	<p>Number of registered places: 31 comprising: NH- DE - three identified patients RC-LD(E) - one identified resident Day Care - maximum of three persons</p>

4.0 Inspection summary

An unannounced inspection took place on 22 June 2017 from 10.35 to 13.30.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The term 'patients' is used to describe those living in Cove Manor which provides both nursing and residential care.

The findings of the last medicines management inspection on 6 April 2017 indicated that robust arrangements were not in place for the management of medicines. A serious concerns meeting was held in RQIA on 13 April 2017, with management from Cove Manor Care Home Ltd. A full account of the actions to be taken to drive and sustain improvement was provided by them.

This inspection sought to assess progress with the issues raised during the last medicines management inspection and to determine if the service was now delivering safe, effective and compassionate care and if the service was well led.

It was evidenced that the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place. Staff had received further training on the management of medicines, roles and responsibilities and accountability.

The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care.

The following areas were examined during the inspection:

- administration of medicines
- medicine records
- training and audit

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Madge Quinn, Registered Manager, Mr Sean McCartney, Responsible Individual, and Mrs Kate McVey, Director, Cove Manor Care Home Ltd, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 April 2017. A serious concerns meeting was held in RQIA with management from Cove Manor Care Home Ltd on 13 April 2017.

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

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with one registered nurse, the registered manager, the registered provider and one of the directors of the organisation.

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
- medicine audits
- policies and procedures
- care plans
- training records

Areas for improvement identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the management at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 6 April 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Third time	The registered manager must put robust arrangements in place for the management of bisphosphonate medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that there were robust arrangements in place. New systems to ensure bisphosphonate medicines were administered on time had been developed and implemented.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered provider must ensure there are safe systems in place for the management of new patients' medicines and medicine changes.	Met
	Action taken as confirmed during the inspection: Examination of a sample of medicine records for new patients and medicine changes indicated that the systems were safe and had been managed in the required manner.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered provider must develop a safe system for the management of high risk medicines.	Met
	Action taken as confirmed during the inspection: Safe systems were in place for the management of high risk medicines. New procedures had been implemented for the management of warfarin. Insulin was not prescribed at the time of the inspection.	

<p>Area for improvement 4</p> <p>Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The management of distressed reactions had been reviewed. There was evidence that satisfactory arrangements were in place for the management of distressed reactions. The medicine records and care plans included the parameters for administration of anxiolytic medicines. Separate administration records had been developed and included a running stock balance of each medicine. The reason for the administration was routinely recorded and some stated the outcome of the administration. It was acknowledged that this was a work in progress and that all staff were expected to record the outcome. When a patient required ongoing administration of anxiolytic medicines this had been reported to the prescriber and recorded in the patient's notes.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Management advised that this was raised with staff through group and individual meetings with staff, after the inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered provider must review the auditing processes for medicines management and ensure that these cover all aspects of medicines management.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The auditing processes had been reviewed and covered all aspects of the management of medicines.</p>		

Action required to ensure compliance with The Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: Second time	<p>A robust system should be developed to ensure that medicine records are fully and accurately maintained at all times.</p> <p>Action taken as confirmed during the inspection: A robust auditing system to oversee the completion of medicine records had been implemented. A significant improvement in the completion of medicines records was evidenced at the inspection.</p>	Met
Area for improvement 1 Ref: Standard 28 Stated: First time	<p>The registered provider should provide further training for staff in medicines management and their professional accountability.</p> <p>Action taken as confirmed during the inspection: Management provided evidence that all trained staff had been updated in relation to the inspection outcomes and the resultant action plan.</p>	
Area for improvement 1 Ref: Standard 28 Stated: First time	<p>The registered provider should ensure that two designated staff are involved in the writing and updating of medicine records.</p> <p>Action taken as confirmed during the inspection: This practice had been implemented and was well embedded into routine practice.</p>	Met

6.3 Inspection findings

Administration of medicines

The audit trails on the medicines selected for examination, produced satisfactory outcomes. The medicines had been administered in accordance with the prescribers' instructions. These included a variety of medicines.

The management of bisphosphonate medicines had been reviewed. A reminder alert was displayed in the patient's records and also on the medicine trolley. Three bisphosphonate medicines were audited. The records indicated that they had been given on time and separately from food or other medicines; the actual time of administration was highlighted. A running stock balance was maintained.

In relation to high risk medicines, the management of warfarin had been reviewed. A new format of administration record had been implemented. A care plan was maintained. Four warfarin medicines were audited. Staff were reminded that discontinued warfarin regimes should be removed from the current folder and archived.

The management of three antibiotics was examined. A running stock balance was maintained. The evidence showed that these had been administered on time to complete the course prescribed and no omissions were noted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the administration of medicines. The progress made in relation to these was acknowledged.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Medicine records

Several medicine records were selected for examination as stated in Section 5.0. The records were well maintained and readily facilitated the audit process.

Personal medication records were easily read and included the necessary detail. There was evidence that each had been written and verified by two staff and that additional information was initialled by two staff. The date of discontinuation of medicines was clearly recorded. Several had been rewritten. A number of medicines were highlighted to remind staff of the new recording procedures which had been implemented.

Comments were recorded on the medicine administration records to show the reason for any non-administration and when a variable dose had been prescribed. The administration records for analgesic medicines had been revised and included a running stock balance and the reason for the administration.

There were robust arrangements in place to manage medicines received for new patients. Written confirmation of medicine regimes was obtained for all new patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping. The progress made in relation to these was acknowledged.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Training and audit

Following the inspection, staff had received training on medicines management, their roles and responsibilities and professional accountability. An e-learning system had been obtained to facilitate training for medicines management. A sample of training records was provided at the inspection.

Management advised of the meetings which were held with staff to discuss the outcomes of the inspection. Staff were provided with a copy of the inspection report and management's action plan. There was evidence that staff had read and signed that they understood the improvements required. In relation to incident management, this was discussed and it was confirmed that all staff had been updated about identifying and reporting incidents.

The auditing procedures for medicines management had been reviewed. Audits were completed by staff and management. One of the directors of the company had also commenced audits. The registered manager advised that she had been given protected time to complete audits and review medicines management. New systems had been developed and implemented to ensure that running stock balances were maintained for specific medicines; they included bisphosphonates, analgesics and antibiotics. There was evidence of management spot checks on the audit records completed by the registered nurses. A review of the internal auditing records indicated that satisfactory outcomes had been achieved. Staff advised of the procedures in place to manage any discrepancies. It was evident that the new auditing process was well embedded into routine practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the oversight of the management of medicines. The training resources have been reviewed and updated. The progress made was acknowledged.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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