# Unannounced Medicines Management Inspection Report
# 15 August 2016

# Massereene Manor

**Type of Service: Nursing Home**
**Address: 6 Steeple Road, Antrim, BT41 1AF**
**Tel No: 028 9448 7779**
**Inspector: Cathy Wilkinson**

## 1.0 Summary

An unannounced inspection of Massereene Manor took place on 15 August 2016 from 09:45 to 15:00. This inspection focussed on Cherryhill, Holyhill, Broomhill and Maplehill units of the home.

The inspection sought to assess progress with any issues raised during and 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.

**Is care safe?**

There was evidence that the management of medicines supported the delivery of safe care and positive outcomes for patients. Staff administering medicines were trained and competent. There were systems in place to ensure the management of medicines was in compliance with legislative requirements and standards. It was evident that the working relationship with the community pharmacist, the knowledge of the staff and their proactive action in dealing with any issues enables the systems in place for the management of medicines to be robust. There were no areas of improvement identified.

**Is care effective?**

The management of medicines supported the delivery of effective care. There were systems in place to ensure patients were receiving their medicines as prescribed. Two areas of improvement were identified in relation to the management of distressed reactions and the care plans for the management of pain. Two recommendations were made, one of these has been stated for the second 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?**

The service was found to be well led with respect to the management of medicines. Written policies and procedures for the management of medicines were in place which supported the delivery of care. Systems were in place to enable management to identify and cascade learning from any medicine related incidents and medicine audit activity. There were no areas of improvement identified.

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section 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 Massereene Manor which provides both nursing and residential care.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 0 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Laura Moon, Deputy 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 finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 July 2016.

## 2.0 Service details

| | |
|---|---|
| **Registered organisation/registered person:**<br>Massereene Manor<br>Ms Naomi Carey<br>Ms Janet Montgomery | **Registered manager:**<br>Ms Olive Hall |
| **Person in charge of the home at the time of inspection:**<br>Ms Laura Moon | **Date manager registered:**<br>01 April 2005 |
| **Categories of care:**<br>NH-LD, NH-LD(E), RC-DE, NH-DE, NH-MP, NH-MP(E) | **Number of registered places:**<br>74 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two residents, one care assistant, five registered nurses and the deputy manager.

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.

A sample of the following records was examined:

- 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 11 July 2016

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

## 4.2 Review of requirements and recommendations from the last medicines management inspection dated 5 February 2015

| Last medicines management inspection statutory requirements | | Validation of compliance |
|---|---|---|
| **Requirement 1**<br><br>**Ref**:<br>Regulation 13 (4)<br><br>**Stated:** First time | The registered manager must ensure that the temperature of the medicines refrigerators is maintained within the required range and that appropriate action is taken if the temperature deviates from this range. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The recorded temperatures of three medicines refrigerators were checked during the inspection and all had been within the required temperature range. | |
| **Last medicines management inspection recommendations** | | **Validation of compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | The registered manager should review the management of warfarin to ensure that it is administered as prescribed. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The management of warfarin was examined in three units of the home and found to be satisfactory. | |
| **Recommendation 2**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | The registered manager should monitor the administration of controlled drugs as part of the routine audit process. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence in the controlled drugs record books that the administration of controlled drugs is regularly monitored. | |

| | | |
|---|---|---|
| **Recommendation 3**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time | The registered manager should ensure that the date of opening is recorded on all medicines that are started outside the 28 day cycle to facilitate the audit process. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The date of opening was routinely recorded. | |
| **Recommendation 4**<br><br>**Ref**: Standard 38<br><br>**Stated:** Second time | The registered manager should review the management of medicines for distressed reactions to ensure that all of the relevant records are maintained. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>The management of these medicines has been reviewed and improvement was noted, however there were still some deficiencies noted as discussed in Section 4.4.<br><br>This recommendation has been 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. Refresher training in respiratory illnesses, syringe drivers, immunisation, the management of PEG tubes and thickened fluids 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 satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. There was evidence that these records were regularly audited.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. The use of separate administration charts was acknowledged.

Appropriate arrangements were in place for administering medicines in disguised form.

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**

No areas for improvement were identified during the inspection.

| Number of requirements | 0 | Number of recommendations | 0 |
|---|---|---|---|

## 4.4 Is care effective?

The sample of medicines examined had been administered in accordance with the prescriber's instructions. There was evidence that time critical medicines had been administered at the correct time. However, one controlled drug in the Maplehill unit was not always administered at the correct dosage intervals according to the times recorded in the controlled drug record book. Staff were reminded that this medicine should be administered at 12 hourly intervals. It was discussed and agreed that advice would be sought from the community pharmacist on the administration of the prescribed dosage of part sachets of controlled drugs.

There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were mostly recorded. A care plan was maintained for one of the two patient's records examined but not for the other. The recommendation made previously with regard to these medicines has been stated for a second time.

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 some of the patients could verbalise any pain, and a pain tool was used as needed for those that could not. Staff also advised that a pain assessment is completed as part of the admission process. A care plan was maintained for one of the two patient's records examined but not for the other. A care plan should be in place for those patients that have been prescribed regular pain relief. A recommendation was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included clear explanation of non- administration of medicines. It was noted that the date of receipt of the monthly medicines had not been recorded in the Maplehill unit. This was brought to the attention of the deputy manager who agreed to monitor through the audit process.

Practices for the management of medicines were audited throughout the month by the staff, management and community pharmacist.

Following discussion with the registered manager and staff, it was evident that staff have good working relationships with other healthcare workers, including the community pharmacist and prescribers.

**Areas for improvement**

The registered manager should review the management of medicines for distressed reactions to ensure that all of the relevant records are maintained.

The registered manager should review the management of pain to ensure that a care plan is maintained for the relevant patients.

| Number of requirements | 0 | Number of recommendations | 2 |
|---|---|---|---|

## 4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. The nurse administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients were treated courteously, with dignity and respect. Good relationships were evident.

The patients spoken to said that they had no concerns in relation to the management of their medicines.

**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. Following discussion with staff, it was evident that they were knowledgeable of the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents.

The deputy manager advised that the management of the home have become involved in the "In-reach project" which aims to develop the skills of nurses. This initiative is to be commended.

A review of the audit records indicated that satisfactory outcomes had been achieved.

Following discussion with the deputy manager and nurses, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

| Number of requirements | 0 | Number of recommendations | 0 |
|---|---|---|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Laura Moon, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
|---|---|
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 38<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>15 September 2016 | The registered manager should review the management of medicines for distressed reactions to ensure that all of the relevant records are maintained. |
| | **Response by registered provider detailing the actions taken:**<br>An additional record has been created and is being used in conjunction with the Medicine Kardex to enable staff to record the reason for administration and the outcome of medications administered for distressed reactions.<br>The relevant care plans have also been brought up to date. |
| **Recommendation 2**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 September 2016 | The registered manager should review the management of pain to ensure that a care plan is maintained for the relevant patients. |
| | **Response by registered provider detailing the actions taken:**<br>An additional record has been created and is being used in conjunction with the Medicine Kardex to enable staff to record the reason for administration and the outcome of medications administered for pain relief.<br>The relevant care plans have also been brought up to date. |

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

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