Unannounced Medicines Management Inspection Report
29 June 2016

Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 028 9334 0310
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Ballyclare Nursing Home took place on 29 June 2016 from 10.05 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.

Is care safe?

Some areas of medicines management supported the delivery of safe care. There were arrangements in place to ensure that staff had received the training required and to assess staff competencies. There were robust processes for the stock control of medicines and management of medicines changes. However, areas for improvement were identified. One requirement in relation to the management of warfarin has been made and two recommendations regarding the storage of medicines and the checks on medicine equipment have been made.

Is care effective?

The outcome of this inspection indicated that improvement is necessary to ensure that all areas of medicines management support the delivery of effective care. One requirement and one recommendation in relation to external preparations and the management of distressed reactions have been stated for a second time. Two recommendations in relation to pain management and record keeping have been made.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions with patients were observed to be compassionate, caring and timely, which promoted the delivery of positive outcomes for patients. No requirements or recommendations have been made.

Is the service well led?

The findings of the inspection indicated that improvements are required in relation to the governance arrangements for medicines management and ensuring that the areas for improvement identified within the quality improvement plans are addressed and sustained. One requirement has been made. As issues were also identified within safe and effective care, this may indicate the need for more robust management and leadership in the home.

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 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 Ballyclare Nursing Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Harriet Dunsmore, Registered Manager and Mrs Dorothy Burns, 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 estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 October 2015.

2.0 Service details

Registered organisation/registered provider: Hutchinson Homes Ltd Mrs Janet Montgomery	**Registered manager:** Mrs Harriet Dunsmore
Person in charge of the home at the time of inspection: Mrs Harriet Dunsmore until 14:30 and Mrs Dorothy Burns from 14:30 onwards	**Date manager registered:** 1 April 2005
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I	**Number of registered places:** 36

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 inspector met with three patients, two registered nurses, the deputy manager and the registered manager.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. No one availed of the opportunity.

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 29 October 2015

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 11 September 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 30(1) **Stated:** First time	The registered manager must ensure that all reportable medicine related incidents are forwarded to RQIA.	**Met**
	Action taken as confirmed during the inspection: The management of incidents was discussed with staff and management. Any medicine related incidents had been reported to RQIA.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion.	**Not Met**
	Action taken as confirmed during the inspection: There was evidence that this had been reviewed following the last inspection and separate administration records had been implemented and developed. However, staff advised that these records were not being fully completed. Some administration was recorded on another record, however, it could not be ascertained if all of the external preparations were administered as prescribed. This requirement had not been met and is stated for a second time.	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standards 37, 38 **Stated:** First time	The registered manager should ensure that two members of staff are involved in the transcribing of medicine details.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence that two staff were routinely involved in the transcribing of medicines details on personal medication records. This was not observed on the records for the transcribing of warfarin dosage regimes. This recommendation had been partially met and due to other observations made in the management of warfarin has been subsumed into a requirement.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should update the medicine policy and procedures to ensure it covers all aspects of medicines management in Ballyclare Nursing Home and include Standard Operating Procedures for controlled drugs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that policies and procedures for medicines management had been updated in March 2016. Staff advised that these were under further development by the registered provider. Standard Operating Procedures for controlled drugs had been developed.	

Recommendation 3 **Ref**: Standard 39 **Stated:** First time	The registered manager should review the stock control of medicines to ensure that currently prescribed medicines are not unnecessarily disposed of, at the end of the medicine cycle.	**Met**
	Action taken as confirmed during the inspection: The stock control of medicines had been reviewed and no further concerns were noted at the inspection.	
Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered manager should review the management of oxygen as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: This recommendation had been made to ensure that empty cylinders were stored separately from partially full or full cylinders, and also to ensure that there was a system to regularly check stock levels. The storage of empty and full cylinders had been reviewed. The records indicated that staff had reviewed the stock levels three times since the last medicines management inspection in 2014. This was further discussed and it was agreed that checks would be increased to weekly. It was acknowledged that stock levels were included in the three monthly audit completed by the community pharmacist. Given the systems in place this recommendation has been assessed as met.	
Recommendation 5 **Ref**: Standards 37,38 **Stated:** First time	The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained as detailed in the report.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence that a care plan and a record of the reason and outcome of medicines administered for the management of distressed reactions had been maintained. This recommendation had not been met and is stated for a second time.	

Recommendation 6 **Ref**: Standards 37,38 **Stated:** First time	The registered manager should ensure that the prescribed consistency level of thickened fluid is clearly recorded on the patient's personal medication record and care plan.	**Met**
	Action taken as confirmed during the inspection: As written, there was evidence that this recommendation had been addressed. However, a review of one patient's records indicated that the prescribed consistency level of thickened fluid being administered did not correlate with the most recent speech and language assessment report and personal medication record. The deputy manager advised that this would be referred to the speech and language therapist after the inspection.	

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. The most recent training was in relation to inhaled medicines and anticoagulant medicines.

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.

The management of warfarin was reviewed. Although there was evidence that written confirmation of warfarin dosage regimes had been obtained for some patients, this was not in place for two patients. Verbal instructions for the warfarin dosage regimes had been received and were recorded on the separate warfarin administration record. However, there was no evidence that the transcribing had been checked for accuracy by two staff. This issue had been raised at the last medicines management inspection in relation to safe administration. A number of obsolete warfarin dosage regimes for other patients remained in the warfarin folder.

These should be removed and securely archived. This had also been discussed at the last medicines management inspection in relation to safe administration. The management of warfarin must be reviewed to ensure safe systems are in place; a requirement was made.

Discontinued or expired medicines were disposed of appropriately. With the exception of Schedule 4 (Part 1) controlled drugs, controlled drugs were denatured and rendered irretrievable prior to disposal. Staff were not aware that e.g. diazepam, zopiclone were Schedule 4 controlled drugs and were required to be denatured prior to disposal. This was discussed with reference to the standard operating procedures for controlled drugs. It was agreed that this would be raised with the registered nurses.

Most medicines were stored safely and securely and in accordance with the manufacturer's instructions. It was established that some medicines such as thickening agents, external preparations and one oxygen cylinder were stored in the patients' bedrooms. This should be risk assessed in relation to safe storage. The safety alert regarding the storage of thickening agents was discussed. A recommendation was made.

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 were checked on a daily basis and temperatures were recorded.

The management of medical equipment was reviewed. The procedures in place to monitor stock levels of oxygen should be further reviewed as it was noted that since the last medicines management inspection in September 2014, stock levels had been checked by staff on only three occasions (see section 4.2). The management of other medical equipment e.g. suction machines was discussed and it was found that regular checks do not occur. A recommendation regarding medical equipment checks was made.

Areas for improvement

The management of warfarin must be reviewed to ensure that safe systems are in place. A requirement was made.

The storage of medicines in bedrooms should be risk assessed. A recommendation was made.

The arrangements to check medical equipment should be reviewed to ensure there are regular checks and the checks are recorded. A recommendation was made.

Number of requirements	1	Number of recommendations	2

4.4 Is care effective?

There was evidence that most of the medicines examined had been administered in accordance with the prescriber's instructions. Some discrepancies in the administration of eye preparations and external preparations were observed and discussed with management. The auditing process for medicines should be reviewed to ensure these medicines are included. A requirement was made in section 4.5. 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 and 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 usually recorded on the personal medication record. One record entry required more detail. 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. A care plan was not in place and the reason for and the outcome of administration was not routinely recorded. A recommendation in relation to these records was made at the last medicines management inspection and the returned QIP completed by the registered provider indicated that this had been addressed. This recommendation 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 most of the patients could tell the staff if they were in pain. However, for those patients who could not verbalise or communicate their pain, there was no evidence of how staff would know if the patient was in pain. A pain assessment tool was not in use. A care plan was noted for one patient, but was not in place for other patients prescribed medicines for pain relief. This issue had been raised at the most recent care inspection in August 2015, and although the completed QIP indicated that this had been addressed, this was not evidenced at the inspection. Staff advised that a pain assessment was not completed for new patients. This should be reviewed. A recommendation was made.

The management of swallowing difficulty was examined. Whilst there were care plans and speech and language assessment reports in place and the patient's personal medication record indicated the prescribed fluid consistency, it was found that there was non-correlation with the prescribed consistency and the actual consistency being administered for one patient. This was discussed with the deputy manager and was to be reviewed in consultation with the speech and language therapist after the inspection. Each administration was recorded. Staff were reminded that the separate records completed by care staff must clearly indicate that the fluid has been thickened.

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. Improvement is necessary in the record keeping for external preparations. Although new systems had been developed following the last medicines management inspection, these had not been successful in ensuring that a record of administration was maintained on every occasion. Staff advised that this was under review. Following discussion with staff regarding some external preparations, it could not be ascertained if the external preparation had been administered. The requirement made at the last medicines management inspection was stated for a second time. The completion of the records of the disposal of medicines should also be reviewed to ensure that the date of disposal is recorded on every occasion and the record should clearly state which medicines have been denatured prior to disposal. A recommendation was made.

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

Areas for improvement

The management of distressed reactions should be reviewed to ensure that care plans and the reason for and outcome of the administration are recorded. A recommendation was stated for a second time.

The management of pain should be reviewed to ensure that a care plan is maintained, pain assessment tools are in use, as applicable and a pain assessment is included in the admission process for new patients. A recommendation was made.

The management of external preparations must be reviewed to ensure these medicines are administered as prescribed and records are maintained. A requirement was stated for a second time.

The disposal of medicines should be reviewed to ensure that the records are fully and accurately completed. A recommendation was made.

Number of requirements	1	Number of recommendations	3

4.5 Is care compassionate?

The administration of medicines to patients was observed during the inspection. The staff administered the medicines in a caring manner and patients were given time to take their medicines. There was evidence that medicines were administered in accordance with the patients' preferences in order to maintain dignity and privacy.

Staff were noted to be wearing red tabards to alert staff/visitors that the administration of medicines to the patients must not be disrupted.

The patients spoken to at the inspection stated that they were content with their care in the home and had no concerns regarding the management of their medicines. They advised that staff responded in a timely manner to any requests for medicines e.g. pain relief. They spoke positively about the staff and comments included:

"It's good here"
"I am happy here"
"Am content in this home"

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.

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. There was evidence that these had been updated in March 2016. Management advised that these were under further review by the organisation. Standard operating procedures (SOPs) for controlled drugs could not be located at the inspection; however, a copy was received by RQIA on 30 June 2016. Due to the findings in relation to staff knowledge and disposal of Schedule 4 controlled drugs it was advised that these SOPs should be further developed and shared with 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. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

A robust governance system for the management of medicines was not evidenced at this inspection. Whilst the registered nurses maintained running stock balances for a small number of medicines and there was a quarterly audit completed by the community pharmacist, there was no evidence of any management arrangements to ensure that audits were being completed on all areas of medicines management. A review of the last audits completed in January 2016 showed several discrepancies; there was no evidence of the action taken. Due to the findings of this inspection (see section 4.4), a robust auditing system for medicines management must be developed and implemented. Procedures should be in place to oversee that the audits are being completed and areas for improvement are identified and corrective action is recorded and sustained. A requirement was made.

Not all of the requirements and recommendations made at the last medicines management inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process and governance arrangements within the organisation.

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.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through handover, the use of a communication book and at meetings.

Areas for improvement

The governance arrangements for medicines management must be reviewed to ensure that robust systems are in place. A requirement was made.

Number of requirements	1	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Harriet Dunsmore, Registered Manager and Mrs Dorothy Burns, 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 the completed QIP to pharmacists@rqia.org.uk for review 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:** Second time **To be completed by:** 29 July 2016	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion. **Response by registered provider detailing the actions taken:** With the support of pharmacy all external preparations have been seperated into suitability for application by care staff or for application only by trained staff. Based primarily on legal classification prescribed only medication will only be applied by trained staff. A system is now in place to ensure that administration records are fully and accurately maintained on every occasion.
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 29 July 2016	The registered provider must put robust systems in place for the safe management of warfarin. **Response by registered provider detailing the actions taken:** .Telephone results are recorded and signed by two staff on warfarin administration schedule On receipt of RAT reports when collected from health centres these are signed by two staff and cross checked by schedulean
Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 29 July 2016	The registered provider must review the governance arrangements for medicines management to ensure robust systems are in place. **Response by registered provider detailing the actions taken:** Monthly management audits will now include eye drops,external preperations and PRN medications.Arrangements have been made to ensure audits are completed on all areas of medicine management. The pharmacist is also increasing his level of auditing within each calender month.
Recommendations	
Recommendation 1 **Ref**: Standards 37, 38 **Stated:** Second time **To be completed by:** 29 July 2016	The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained as detailed in the report. **Response by registered provider detailing the actions taken:** The reason for administration and the outcome for the resident adminstered medication PRN for distressed reaction will be recorded in the daily progress notes. Any resident that is written up for PRN administration will have a care plan. Staff are now aware that diazepam,zopiclone are Schedule 4 controlled drugs and are required to be denatured and rendered irretrievable prior to disposal

Recommendation 2 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 29 July 2016	The registered provider should review the storage of medicines in bedrooms.
	Response by registered provider detailing the actions taken: Following risk assessment external preparations and thickening agents will now be placed out of sight in the resident's rooms.
Recommendation 3 **Ref**: Standard 45 **Stated:** First time **To be completed by:** 29 July 2016	The registered provider should review the procedures in place to ensure that medical equipment is checked at regular intervals and records are maintained.
	Response by registered provider detailing the actions taken: Oxygen and suction machine checks are now being checked weekly. BM machine are being checked once per week if the resident is insulin dependant and once per month if the resident is a diet controlled Diabetic.
Recommendation 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 12 August 2016	The registered provider should review the management of pain to ensure that a care plan is maintained, pain assessment tools are in use as applicable and a pain assessment is completed as part of the admission process.
	Response by registered provider detailing the actions taken: Our next training session for all our trained staff with the Pharmacist will be covering pain assessment, the use of appropiate charts and inportance of ensuring care plan is maintained. The course is on Tuesday 2nd August`16
Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 29 July 2016	The registered provider should review the disposal of medicines to ensure that the records are fully and accurately completed.
	Response by registered provider detailing the actions taken: New paperwork is in place which includes the date the medication has been discontinued. Separate books for controlled and uncontrolled drugs are now being used

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