Unannounced Medicines Management Inspection Report
7 April 2016

Hamilton Care Home

The Plantain, 168 Ballycorr Road, Ballyclare, BT39 9DF
Tel No: 028 9334 1396
Inspector: Rachel Lloyd

1.0 Summary

An unannounced inspection of Hamilton Care Home took place on 7 April 2016 from 09.45 to 13.15.

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.

The management of medicines supported the delivery of safe, effective and compassionate care and the service was found to be well led in that respect. The outcome of the inspection found no areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report.

Is care safe?

Two recommendations are stated for a second time.

Is care effective?

One recommendation has been made.

Is care compassionate?

No requirements or recommendations have been made.

Is the service well led?

No requirements or recommendations have been 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.

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 sections 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 Hamilton Care Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Ms Rachel Corry, Registered Nurse in charge, on the day of the inspection and with the Registered Manager, Ms Lucinda (Lucy) Hamilton, by telephone on 13 April 2016, 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 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 8 March 2016.

2.0 Service details

Registered organisation/registered person: Mrs Heather Hamilton	**Registered manager:** Ms Lucinda Dawn Hamilton
Person in charge of the home at the time of inspection: Staff Nurse Rachel Corry	**Date manager registered:** 5 June 2008
Categories of care: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)	**Number of registered places:** 36

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

We met with one patient, the three registered nurses on duty, including one new nurse undergoing induction, and the General Manager, Mr Patrick Hamilton.

The following records were 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 8 March 2016

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

4.2 Review of requirements and recommendations from the last medicines management inspection dated 27 June 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	Care staff who administer thickening agents and medicines for external use must be trained and competent to do so and records of training and competency assessments must be maintained. Records of the administration of medicines by care staff must be maintained.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that training had been undertaken since the last medicines management inspection. A copy of the record of training and competency for designated care staff was forwarded to RQIA by email on 14 April 2016. There was evidence that records of the administration of medicines by care staff were maintained.	

Requirement 2 **Ref**: Regulation 13(4) **Stated:** Second time	The maximum and minimum refrigerator temperatures must be recorded daily.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection.	
Requirement 3 **Ref**: Regulation 13(4) **Stated:** Second time	The management of anticoagulant medicines must be reviewed.	**Met**
	Action taken as confirmed during the inspection: This was evidenced during the inspection and robust procedures for the management of warfarin were observed.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** Second time	The registered manager must closely monitor the administration of liquid medicines, inhaled medicines, nutritional supplements, warfarin and the completion of medicine records.	**Met**
	Action taken as confirmed during the inspection: Since the last medicines management inspection a new monitored dosage medicine system had been introduced which includes liquid medicines. Running stock balances were usually maintained for medicines which were not included in the system. The registered manager confirmed that management audits are undertaken on a regular basis and any discrepancies investigated. A sample of the audits completed from October 2015 to January 2016 was forwarded to RQIA by email on 14 April 2016. The registered manager gave assurances that robust audit procedures would continue now that the new medicines management system has been established.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 39 **Stated:** Second time	Controlled drugs should be reconciled by two members of staff at each handover of responsibility.	**Met**
	Action taken as confirmed during the inspection: Records indicated that controlled drug stock checks involved two registered nurses and this was also confirmed by staff as expected practice. It was noted that the stock check of controlled drugs had not been recorded by a second nurse on the morning of the inspection and it was accepted this was an oversight and discussed with the registered manager for follow up action. No discrepancies in stock balances were observed.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The registered manager should ensure that prescriptions are received into the home and checked before dispensing.	**Met**
	Action taken as confirmed during the inspection: Staff confirmed that this is the current procedure in the home.	
Recommendation 3 **Ref**: Standard 38 **Stated:** First time	The registered manager should ensure that two nurses are involved in transcribing handwritten medicine details onto printed medicine administration records.	**Partially met**
	Action taken as confirmed during the inspection: Several examples of handwritten entries on printed medicine administration records were observed. There was no evidence that these entries had been checked and verified by two trained members of staff. **This recommendation is stated for a second time.**	

Recommendation 4 **Ref**: Standard 39 **Stated:** First time	The registered manager should ensure that the date of opening is recorded on all medicines, particularly those with a limited shelf-life after opening.	**Partially met**
	Action taken as confirmed during the inspection: The date of opening was recorded on the majority of medicines examined but was not recorded on several eye drops or insulin pen devices in use, which both have a limited shelf-life after opening. **This recommendation is 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. Competency assessments were completed annually. Training in the new monitored dosage medicine system was provided in September/October 2015. Training was also undertaken by some registered nurses in 2015 on anaphylaxis and Parkinson's.

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.

The arrangements in place to manage changes to prescribed medicines were examined. Handwritten entries on medication administration records were not signed by two members of staff to ensure accuracy in transcription. A recommendation was stated for the second time.

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. No discrepancies in stock balances were observed.

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

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 and had been relocated and refurbished since the last medicines management inspection. There were not always systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened e.g. eye drops and insulin pen devices. A recommendation was stated for the second time. Medicine refrigerators and oxygen equipment were checked at regular intervals. Advice was given on the appropriate storage of the controlled drug cupboard keys and ensuring the security of the controlled drug cabinet.

Areas for improvement

Two nurses or competent members of staff should be involved in transcribing handwritten medicine details onto printed medicine administration records to ensure accuracy in transcription. A recommendation was stated for the second time.

The date of opening should be recorded on all medicines for audit purposes, particularly those with a limited shelf-life after opening, to prevent their use after expiry. A recommendation was stated for the second time.

Number of requirements	0	Number of recommendations	2

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. There were arrangements in place to alert staff of when doses of weekly, monthly or three monthly medicines were due. Medicines administration records from the evening prior to the inspection had not been signed although the medicines had been administered; staff on duty stated that this omission was not usual practice and the registered manager stated that this had been addressed and agreed to discuss this with the registered nurses on duty and remind them of their professional obligation to complete medicine administration records promptly.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions 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 not always recorded. A care plan for the use of these medicines was not maintained. A recommendation was made.

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 tool was used as needed. Staff also advised that a pain assessment is completed as part of the admission process. A care plan was maintained for some patients. It was discussed and agreed that the management of pain should be included in care plans.

The management of swallowing difficulty was examined. For patients prescribed a thickening agent, this was recorded on their personal medication record and details of the prescribed consistency were highlighted in care records and in both the kitchen and dining rooms for staff reference. Each administration was recorded and speech and language therapy assessment reports were in place.

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.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals are contacted regarding the management of medicines.

Areas for improvement

The reason for and the outcome of administration of medicines prescribed for use "when required" for distressed reactions should be recorded on every occasion. A care plan for the use of these medicines should be maintained. A recommendation was made.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate patients responsible for the self-administration of medicines.

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.

One patient advised that they were satisfied with the manner in which their medicines were managed and administered.

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. These had been revised in January 2016. Following discussion with staff it was evident that they were familiar with 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. 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 review of the records of audits completed in the home indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was evidence of the action taken and learning which had resulted in a change of practice.

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

Not all of the 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.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Rachel Corry, Registered Nurse in charge, on the day of the inspection and with the Registered Manager, Ms Lucinda (Lucy) Hamilton, by telephone on 13 April 2016, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/s 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to **pharmacists@rqia.org.uk** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only 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 person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** Second time **To be completed by:** 7 May 2016	The registered manager should ensure that two nurses are involved in transcribing handwritten medicine details onto printed medicine administration records. **Response by registered person detailing the actions taken:** This has been discussed again with all staff nurses and they are all aware that handwritten MAR sheets must be checked by a second nurse and signed.
Recommendation 2 **Ref**: Standard 39 **Stated:** Second time **To be completed by:** 7 May 2016	The registered manager should ensure that the date of opening is recorded on all medicines, particularly those with a limited shelf-life after opening. **Response by registered person detailing the actions taken:** This has been fully addressed.
Recommendation 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 7 May 2016	The procedures in place for the use of “when required” medicines for the management of distressed reactions, should be reviewed, to ensure that a care plan is in place and that the reason for and outcome of each administration are recorded. **Response by registered person detailing the actions taken:** This has been fully addressed.

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