Unannounced Medicines Management Inspection Report
31 May 2016

Fairfields Care Centre

Type of Service: Nursing Home
Address: 80a Fair Hill Road, Cookstown, BT80 3DE
Tel No: 028 8676 6294
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Fairfields Care Centre took place on 31 May 2016 from 10.05 to 17.10.

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.

Improvement was required to ensure that the management of medicines supported the delivery of safe and effective care and that the service was well led. The outcome of the inspection found no significant 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?
One requirement regarding the management of thickening agents has been made and one recommendation regarding procedures for induction of staff has been made.

Is care effective?
Two requirements regarding the administration of medicines and completion of fluid balance charts have been made. One recommendation in relation to medicine records has been made.

Is care compassionate?
The management of medicines supported the delivery of compassionate care. No requirements or recommendations were made.

Is the service well led?
One recommendation in relation to policies and procedures has been made and one recommendation regarding incident management and the auditing process for medicines management has 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.

For the purposes of this report, the term 'patients' will be used to described those living in Fairfields Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the QIP within this report were discussed with Ms Bernie Neall, 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 care inspection

Following the most recent care inspection on 22 March 2016, a serious concerns meeting was held in RQIA on 22 April 2016 with management from Care Circle Ltd to discuss the quality of care in the dementia unit and to discuss the areas for improvement required.

2.0 Service details

Registered organisation/registered person: Care Circle Ltd / Mr Christopher Walsh	**Registered manager:** Mr Philip McGowan
Person in charge of the home at the time of inspection: Staff Nurse Emma Nugent	**Date manager registered:** 18 April 2016
Categories of care: NH-MP(E), NH-LD(E), NH-I, NH-PH, RC-DE, RC-I, NH-DE	**Number of registered places:** 70

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

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.

We met with three patients, one member of senior care staff, one member of care staff, three registered nurses and the administrator.

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 22 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 24 September 2015

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	The responsible individual must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal.	**Met**
	Action taken as confirmed during the inspection: Examination of the records of disposal of medicines indicated that Schedule 4 controlled drugs (Part 1) were denatured prior to disposal.	

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. Refresher training in general medicines management was provided to some staff in April 2016. Staff had also been provided with dementia awareness training in April and May 2016.

The induction programme for non-permanent staff was discussed. It was established that this was a verbal process and there was no evidence that a record of the completed induction had been maintained. (Please also refer to section 4.6) A recommendation was made.

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. One medicine was out of stock on the day of the inspection; however, the registered nurse confirmed that was already being addressed with the prescriber.

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were usually updated by two registered nurses. This safe practice was acknowledged. However, the management of changes in prescribed consistency levels for patients with swallowing difficulty must be reviewed.

A number of patients with swallowing difficulty had been reviewed by the speech and language therapist in recent months. With the exception of one patient's records, the sample of patients' records examined indicated that the prescribed fluid consistency was not correctly recorded on the personal medication records, care plans and administration records. For one patient, this had not been recorded on the personal medication record and there was no record of administration maintained. A requirement was made. Following discussion with staff, it was ascertained that the correct fluid consistency was being administered.

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. There was no evidence that there was a monitoring system in place for controlled drugs which are administered on an infrequent basis. This should be reviewed within the audit process.

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

The induction process for non-permanent staff should be reviewed and a record of the completed induction should be maintained. A recommendation was made.

Robust arrangements for the management of thickening agents must be put in place. A requirement was made.

Number of requirements	1	Number of recommendations	1

4.4 Is care effective?

The majority of medicines examined had been administered in accordance with the prescriber's instructions. One significant discrepancy was noted in a liquid medicine and it was agreed that close monitoring of the administration of this medicine would be undertaken.
It was found that one medicine prescribed on a weekly basis for three patients, had been omitted in error and one three monthly injection had also been missed. Although there was a record stating when the next injection was due, this had not been adhered to. An effective system to alert staff of when weekly doses of medicines were due was not observed. A requirement was made.

In discussion with the deputy manager, it was stated that the administration of medicines prescribed at night time may be delayed due to insufficient levels of staff on duty. This was further discussed and although we were advised that this had been recently reviewed, it was emphasised that the medicines must be administered on time and must not be unnecessarily delayed. It was agreed that this would be raised with management and the deployment of staff would be further reviewed in relation to patient needs and allocation of duties, to ensure that medicines were administered at the correct time.

The management of distressed reactions was examined. The deputy manager advised of the changes which had been implemented following the most recent care inspection. 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. A care plan was in place. The good practice of maintaining a separate record to detail the reason for the administration and the outcome of the administration was acknowledged. 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 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. The reason for the administration of pain relief and outcome of the administration was recorded; this good practice was acknowledged. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

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.

Some of the medicine records were well maintained and facilitated the audit process. However, a number of personal medication records required further detail and should be rewritten; some incoming medicines had not been recorded and there were several omissions noted in the administration of medicine records. All records must be fully and accurately maintained. A recommendation was made.

The management of medicines administered via an enteral feeding tube was examined. It was found that further detail must be recorded on the fluid intake chart. These charts should clearly indicate that the administration of medicines is accompanied by flushes of water, the administration of all liquids is recorded and the total intake is recorded every 24 hours. A requirement was made.

Following discussion with the deputy manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to issues or concerns in relation to medicines management.

Areas for improvement

All medicines must be administered as prescribed. A requirement was made.

The standard of maintenance of medicine records should be reviewed to ensure that these are fully and accurately maintained at all times. A recommendation was made.

The management of medicines administered via enteral feeding tube should be reviewed to ensure that the fluid intake chart is fully maintained. A requirement was made.

Number of requirements	2	Number of recommendations	1

4.5 Is care compassionate?

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.

Patients advised that they had no concerns regarding the management of their medicines. They stated that staff responded to their requests for medicines prescribed on a "when required" basis in a timely manner.

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?

Although staff advised that there were organisational policies and procedures in place for the management of medicines, these were not readily available for staff and there was no evidence that staff were familiar with the contents of the policies or had read them. This was further discussed with particular emphasis on the need for these for induction for new staff and non-permanent staff and an ongoing reference point for staff. A recommendation was made.

The management of medicine related incidents was discussed with staff. Staff confirmed that they knew how to identify and report incidents. The reported medicines related incidents were discussed at the inspection. Whilst details of the corrective action were recorded in the incident reports forwarded to RQIA, there was no evidence that the incidents were shared with the staff. This should be reviewed to ensure that the learning can be embedded by staff. A recommendation was made.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for several solid dosage medicines, and inhaled medicines. In addition, an audit was completed by a representative from the community pharmacy on a periodic basis. However, there was no evidence of an auditing system for oral nutritional supplements, or controlled drugs which were administered on an infrequent basis; the audits on these medicines could not be concluded. A review of the internal audit records indicated that largely satisfactory outcomes had been achieved. Where a discrepancy had been identified, there was no evidence of the action taken and learning which had resulted in a change of practice. This should be reviewed.

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 advised that management were open and approachable and willing to listen. They stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

Staff advised that meetings regarding head of department and clinical governance were held every two months.

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

Areas for improvement

The necessary arrangements should be made to ensure that up to date policies and procedures for medicines management are readily available for staff at all times; evidence that staff have read and understood these policies should be in place. A recommendation was made.

The management of audits and incidents should be reviewed to ensure that the areas identified for improvement are addressed, shared with staff and the learning is implemented. A recommendation was made.

Number of requirements	0	Number of recommendations	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bernie Neall, 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 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 Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered persons 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 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 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:** First time **To be completed by:** 30 June 2016	The registered provider must ensure that robust arrangements are in place for the management of records for patients prescribed thickening agents; records must be fully and accurately maintained. **Response by registered provider detailing the actions taken:** A consistancy fluid record. chart is in place along side a fluid balance chart.A new handover sheet will ensure that the consistancy for each individual is handed over. The concistancy of liquid prescribed for each individual will be available on a document in each individuals room.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 30 June 2016	The registered provider must make the necessary arrangements to ensure that all medicines are administered in strict accordance with the prescriber's instructions. **Response by registered provider detailing the actions taken:** All nurses have received supervision in accordance with NMC guidelines and company policy regarding the administration of drugs in accordance with prescriber's instructions
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 30 June 2016	The registered provider must review the management of medicines administered via an enteral feeding tube to ensure that the fluid intake chart is fully and accurately maintained. **Response by registered provider detailing the actions taken:** A new chart recommended by SALT is now insitu for any patient receiving medication via the enteral feeding tube. The chart is signed by nurses indicating any fluid/medication via the tube.
Recommendations	
Recommendation 1 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 30 June 2016	The registered provider should review the induction process for non-permanent staff and ensure that a record of the completed induction is maintained. **Response by registered provider detailing the actions taken:** An review has taken place of the induction process and an appropriate document document is now in place.
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 30 June 2016	The registered provider should review the standard of maintenance of medicine records to ensure that these are fully and accurately maintained at all times. **Response by registered provider detailing the actions taken:** An inhouse monthly audit is being carried out by the senior nurse/deputy managers on each floor. The audit includes oral nutritional supplements and controlled drugs. Any deficits will be reported to the home manager who will take appropriate action.

Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 30 June 2016	The registered provider should ensure that up to date policies and procedures for medicines management are readily available for staff at all times and there should be evidence that staff have read and understood these policies.
	Response by registered provider detailing the actions taken: Up to date medicines management documents/policies and procedures and the NMC medcine management guidelines are available in each treatment room with a form for each nurse to sign that they have read and understood documents.
Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 30 June 2016	The registered provider should review the management of audits and incidents to ensure that the areas identified for improvement are addressed, shared with staff and the learning is implemented.
	Response by registered provider detailing the actions taken: A register will be in place so audit outcomes or incidents identified as needing improvement will be shared with staff and learning implemented .

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

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