Unannounced Follow Up Medicines Management Inspection Report 19 September 2017

Fairfields Care Centre

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 70 beds that provides care for adults living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Care Facilities & Management Ltd **Responsible Individual:** Mrs Barbara Haughey	**Registered Manager:** Mr Phillip McGowan
Person in charge at the time of inspection: Mr Phillip McGowan	**Date manager registered:** 18 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment Residential Care (RC) I - Old age not falling within any other category	**Number of registered places:** 70 comprising: - a maximum of 28 patients in category NH-DE, 33 patients in categories NH-I/NH-PH, no more than 1 patient in category NH-MP(E) and 1 identified patient in category NH-LD(E) - there shall be a maximum of 6 named residents receiving residential care in category RC-I - the home is also approved to provide care on a day basis for 5 persons.

4.0 Inspection summary

An unannounced inspection took place on 19 September 2017 from 10.10 to 15.35.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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.

The term ‘patients’ is used to describe those living in Fairfields Care Centre which provides both nursing and residential care.

The findings of the last medicines management inspection on 31 May 2017 indicated that robust arrangements were not in place for the management of medicines. Two areas for improvement had not been addressed and were stated for a second time.

These issues were discussed with the registered provider by telephone on 2 June 2017. RQIA decided to allow a period of time to demonstrate improvement.

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

The following areas were examined during the inspection:

- administration of medicines
- medicine records
- governance
- storage

It was evidenced that the majority of the areas identified for improvement had been addressed in a satisfactory manner. Management had reviewed the systems in place. Staff had received further training on the management of medicines and new procedures had been developed and implemented.

The improvements which had taken place were acknowledged. These must be sustained in order that staff continue to deliver safe and effective care. However, some further improvement is necessary to ensure that robust systems are in place for medicines management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Phillip McGowan, Registered Manager, and Mrs Barbara Haughey, Registered Provider, 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.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of the inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents: it was ascertained that there were no incidents involving medicines had been reported to RQIA since the last medicines management inspection

During the inspection the inspector met with one registered nurse, two senior staff, the registered provider and the registered manager.

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

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- controlled drug records
- medicine audits
- care plans
- training records
- medicines storage temperatures

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 May 2017

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

6.2 Review of areas for improvement from the last medicines management inspection dated 31 May 2017

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time	The registered provider must make the necessary arrangements to ensure that all medicines are administered in strict accordance with the prescriber's instructions.	**Met**
	Action taken as confirmed during the inspection: Improvement in the administration of medicines was observed. The outcomes of the majority of audit trails indicated that medicines had been administered as prescribed.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: The fluid intake charts for three patients were examined. These had been updated with the prescribed enteral feeding regime and fluid intake. These had been well maintained and included the 24 hour fluid intake.	
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must review the management of medicine changes to ensure robust arrangements are in place.	**Met**
	Action taken as confirmed during the inspection: Significant improvement in the management of medicine changes was evidenced. The relevant records had been maintained and the medicines changes had been implemented as prescribed.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time	The registered provider should implement a robust system to monitor the administration records regarding external preparations.	**Not met**
	Action taken as confirmed during the inspection: Although new systems for these medicines had been developed, records were not fully maintained and there was lack of staff knowledge regarding some of these medicines. As a result, there was limited evidence to show that robust arrangements were in place for external preparations. **This area for improvement is stated for a second time.**	
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time	The registered provider should review the current auditing processes to ensure these are robust and cover all aspects of medicines management.	**Met**
	Action taken as confirmed during the inspection: With the exception of external medicines as discussed previously, there was evidence that new systems had been developed and implemented for auditing medicines management. They included a new daily audit, running stock balances and additional monthly audits.	

6.3 Inspection findings

Administration of medicines

The audit trails on the medicines selected for examination, produced largely satisfactory outcomes. With the exception of a few small discrepancies, the medicines had been administered in accordance with the prescribers' instructions. These included a variety of medicines which were not supplied in the 28 day blister packs. The administration of those medicines which should be closely monitored were highlighted to staff and management. It was agreed that these would be included in the audit process.

It was found that the administration of external preparations requires further review. For the current medicine cycle, records of some external preparations could not be found and staff were unable to advise if two of these medicines were currently prescribed. Management advised that the prescribers would be contacted after the inspection. We found that there was limited evidence that staff were aware of who was responsible for the administration of some of these medicines i.e. care staff or registered nurses. The management of external preparations had been raised previously and the area for improvement identified at the last medicines management inspection has been stated for a second time.

The systems in place to manage new patients' medicines and/or medicine changes were reviewed. The medicine records had been updated to reflect the change and the medicine change had been applied in a timely manner.

It was noted that on occasion, a medicine had been omitted as there was no stock. This was discussed with staff and management. They advised of the ongoing problems trying to obtain medicine supplies and provided details of the action already taken and the planned meetings which were to take place this week and next week with the pharmacist and prescriber. Given this assurance an area for improvement was not stated on this occasion.

Areas of good practice

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

Areas for improvement

The management of external preparations must be reviewed. An area for improvement was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

Medicine Records

Several medicine records were selected for examination. Most of these records were well maintained and readily facilitated the audit process.

There was evidence that personal medication records had been written and verified by two staff and that additional information was initialled by two staff. This is good practice with regard to the safe management of medicine changes. However, a few of these records were not accurate. It was reiterated that these records must be kept to date at all times. Following discussion with staff, it was concluded that there was no system to check these records, as part of the new medicine cycle checks. An area for improvement was identified. It was acknowledged that management had plans to revise the format of personal medication records as part of the ongoing improvements.

With the exception of records for external preparations (see above), improvement in the completion of medication administration records was observed. There was evidence that a system was in place to identify any missing signatures and highlight these to the staff. When a variable dose had been prescribed, the dose administered was clearly recorded and this facilitated the audit process.

The management of fluid intake charts pertaining to enteral feeding were reviewed. The details recorded on the fluid intake charts and prescribed regimes corresponded. Staff had recorded all flushes and a 24 hour fluid total was recorded.

Areas of good practice

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

Areas for improvement

A system should be developed to ensure that the personal medication records are up to date and accurate.

	Regulations	Standards
Total number of areas for improvement	0	1

Governance

Following the inspection, staff had received training on medicines management and their roles and responsibilities. A sample of training records was provided at the inspection. Supervision sessions with care staff regarding delegated tasks have been planned for the near future.

Management advised of the meetings which were held with staff to discuss the outcomes of the inspection and the procedures which were to be implemented to promote improvement.

The auditing procedures for medicines management had been reviewed. Audits were completed by staff and management. New systems had been developed and implemented to ensure that running stock balances were maintained for specific medicines which were not supplied in the 28 day blister packs; they included sachets, inhaled medicines, analgesics, tablet/capsules and antibiotics. In addition, the date of opening was now recorded on any 28 day blister packs which were commenced after the start date of the medicine cycle. These procedures facilitated the completion of audits. It was evident that these auditing procedures were gradually being embedded into routine practice.

A review of the internal auditing records indicated that largely satisfactory outcomes had been achieved. Staff advised of the procedures in place to manage any discrepancies. However, there was no evidence that the management of external preparations had been included in the audit process or that personal medication records were checked for accuracy on a regular basis. Areas for improvement were stated above.

Areas of good practice

There were areas of good practice in relation to the auditing arrangements for most medicines and records.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Storage

Since the last medicines management inspection, the ground floor treatment room had been refurbished. The controlled drug cabinet had been replaced and the registered manager confirmed that this met with the Misuse of Drugs legislation requirements. Oxygen storage had been revised and was stored in separate area.

A new medicine refrigerator had been put in place; however, at the time of the inspection, it was noted that the medicines refrigerator contained water and appeared to be defrosting. This was highlighted to staff for immediate corrective action.

During the inspection the following observations were also made in the ground floor treatment room and resulted in an area for improvement being made:

- A number of expired medicines in 28 day blister packs remained in the overstock cupboards and two liquid antibiotics in current use had passed the in use expiry date; advice was given.
- One medicine was supplied in the manufacturer's original pack and also in the 28 day blister packs – both were stored on the medicine trolley; the potential risk of the patient receiving medicine from both supplies was highlighted.
- For one medicine, the administration record stated 'no stock' for two days; however, stock was available; this had occurred as the stock was not clearly segregated in the cupboard and the registered nurse could not find the medicine.
- The space in the overstock cupboards was limited and did not readily facilitate adequate segregation and identification of each patient's medicines.

Areas of good practice

There were examples of good practice in relation to ensuring that all medicines were stored securely.

Areas for improvement

The storage of medicines should be reviewed to ensure that safe systems are in place.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Phillip McGowan, Registered Manager, and Mrs Barbara Haughey, Registered Provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to pharmacists@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 29 **Stated:** Second time **To be completed by:** 5 October 2017	The registered provider should implement a robust system to monitor the administration records regarding external preparations. Ref: 6.2 & 6.3
	Response by registered person detailing the actions taken: New cream application master kardexes have been introduced. The supplying pharmacy have also been informed to send all creams on a separate MARR sheet which will be attached to the master creams chart. Staff have been doing supervision on the application of creams and correct paper documentation. Audits will be developed over the next month for assistant managers to complete monthly
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 20 October 2017	The registered person shall develop a system to ensure that personal medication records are kept up to date and accurate. Ref: 6.3
	Response by registered person detailing the actions taken: New Medicine Cycle policy being developed which will incorporate a specif flow chart for checking in medications at the month end/start. Registered Manager is working with local healthcentre pharmacist to get all medications onto the same 28 day cycle
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 20 October 2017	The registered person shall review the storage of medicines to ensure safe systems are in place. Ref: 6.3
	Response by registered person detailing the actions taken: New treatment cupboards have been installed. The overstock is large due to the misadministartion of scripts at GP side as they send what is not ordered. The home have requested meetings with the GP Pharmacist. In order to tidy current stock named boxes have been ordered

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