Unannounced Medicines Management Inspection Report
31 May 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

1.0 Summary

An unannounced inspection of Fairfields took place on 31 May 2017 from 10.25 to 16.30.

This was the first medicines management inspection to the home, following the change of registered provider in February 2017.

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?

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. Management confirmed that staff administering medicines were trained and competent. However, areas for improvement were identified in relation to the management of medicine changes. To ensure that the management of medicines was in compliance with the legislation, one requirement was made.

Is care effective?

Some areas of the management of medicines supported the delivery of effective care. Whilst there was evidence that most medicines supplied in the 28 day blister packs had been administered as prescribed, some other medicines had not been administered as prescribed and were discussed with management. Care plans relating to specific areas of medicines management were in place. Requirements were made at the previous inspection in relation to the administration of medicines and enteral feeding. However, any improvement made had not been sustained and further action is required. The two requirements made in relation to these were stated for a second time. A recommendation was also made in relation to the completion of records for external preparations.

Is care compassionate?

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

Is the service well led?

There was some evidence to indicate that this service was well led. Written policies and procedures were in place. There were satisfactory systems in place to enable management to identify and cascade learning from any medicine related incidents. However, in relation to governance arrangements, there was no effective auditing system to ensure that robust systems were in place for the management of medicines. One recommendation was made. In considering the findings from this inspection and as requirements have also been made within the domains of safe and effective care, some of which were stated for a second time, this would indicate the need for more robust governance 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.

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Phillip McGowan, Registered 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. However, the outcomes of the inspection were discussed with the senior pharmacist inspector in RQIA, as there was a lack of assurance that some patients were getting their medicines as prescribed. It was agreed that the registered provider would be contacted and advised of the concerns raised. A further inspection will be undertaken to ensure compliance with legislative requirements and professional standards.

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 23 March 2017.

2.0 Service details

Registered organisation/registered person: Care Facilities & Management Ltd/ Mrs Barbara Haughey	**Registered manager:** Mr Phillip McGowan
Person in charge of the home at the time of inspection: Mr Phillip McGowan	**Date manager registered:** 18 April 2016
Categories of care: NH-MP(E), NH-LD(E), NH-I, NH-PH, NH-DE, RC-DE, RC-I	**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

We met with three registered nurses, two deputy managers and the registered manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Fifteen questionnaires were issued to patients, their representatives and staff, with a request that these were completed and returned within one week of the inspection.

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 23 March 2017

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

4.2 Review of requirements and recommendations from the last medicines management inspection 31 May 2016

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of thickening agents had been reviewed and new records developed and implemented. These were well maintained.	
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered provider must make the necessary arrangements to ensure that all medicines are administered in strict accordance with the prescriber's instructions.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of medicines were supplied in blister packs. Examination of a sample of these indicated that most medicines were administered as prescribed. However, some of these could not be audited. In addition a number of discrepancies were noted in medicines which were not supplied in the blister packs and a few medicines could not be audited, as the records were incomplete, or the date of opening had not been recorded. As a result of these findings there was limited assurance that medicines were being administered as prescribed. **This requirement has been stated for a second time.**	
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First 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.	**Partially Met**

	Action taken as confirmed during the inspection: A new fluid intake chart had been developed and implemented. This detailed the patient's enteral feeding regime. Some of these were maintained in a satisfactory manner; however, there were missing signatures and there was no evidence that the daily volume had been reviewed. For one patient the information on the chart was not accurate. (See also Section 4.3) **This requirement has been stated for a second time.**	
Last medicines management inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 39 **Stated:** First time	The registered provider should review the induction process for non-permanent staff and ensure that a record of the completed induction is maintained.	**Met**
	Action taken as confirmed during the inspection: Records of staff induction for non-permanent staff were made available at the inspection. They included medicines management.	
Recommendation 2 **Ref**: Standard 29 **Stated:** First time	The registered provider should review the standard of maintenance of medicine records to ensure that these are fully and accurately maintained at all times.	**Met**
	Action taken as confirmed during the inspection: The records had been reviewed. The majority of medicine records were well maintained and included the necessary information. A few areas for improvement were identified at the inspection and it was acknowledged that staff had noted these through a recent audit.	
Recommendation 3 **Ref**: Standard 28 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: Policies and procedures were available for staff. These were under review and development. Satisfactory arrangements were in place to evidence that staff had read and understood the documents.	
Recommendation 4 **Ref**: Standard 28 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that incidents and audit outcomes were shared with staff; details of the corrective action were recorded.	

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 non-permanent staff, new registered nurses and for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision, annual appraisal and review of staff competency. A programme of training was in place and included a new on-line training system which will be commenced for all staff in the near future.

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. It was agreed that all prescription forms waiting for collection by the community pharmacy would be stored securely.

The management of medicine changes was examined. Oral antibiotics had been received and commenced in a timely manner. However, areas for improvement were identified. An eye antibiotic was held in stock, this was not listed on the patient's record and it could not be determined if this had been administered as prescribed. For another patient, it could not be determined if a night time medicine had been stopped or should be continued. There was insufficient detail recorded in the patients' notes. The registered manager was requested to investigate these observations, with immediate effect. A written report of the investigation findings were received by RQIA on 1 June 2017. Details of the planned action to prevent reoccurrence were provided. A requirement regarding medicine changes was made.

There were largely satisfactory procedures in place to ensure the safe management of medicines during a patient's admission to the home. Written confirmation of the medicine regime had been obtained. Two external preparations were not recorded on one patient's personal medication record and this was discussed for corrective action at the inspection.

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.

Suitable arrangements were observed for the management of high risk medicines e.g. warfarin and insulin. Staff were reminded that discontinued warfarin dosage regimes should be archived.

Appropriate arrangements were in place for administering medicines in disguised form. A care plan was in place.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Whilst the medicines were stored safely and securely and in accordance with the manufacturer's instructions, it was found the one controlled drug cabinet was out of order. Alternative storage arrangements had been implemented, in the form of a locked safe; however, due to limited space, two controlled drugs which require safe custody were not stored here. This was discussed in relation to the Misuse of Drugs legislation and the storage of controlled drugs and correct locking mechanisms. At the end of the inspection the registered manager advised that a new controlled drug cabinet would be installed on 2 June 2017.

Medicine storage areas were clean, tidy and well organised. However, the flooring in one treatment room required replacement or repair. This was discussed in relation to infection control. The registered manager advised that this was to be addressed on the day of the inspection; but, was put on hold as the inspection was taking place and was rescheduled for 1 June 2017. This was referred to RQIA estates inspector.

In relation to expiry dates for medicines, the date of opening was recorded on medicines with a limited shelf life, once opened. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

The management of medicine changes must be reviewed to ensure robust arrangements are in place and details are clearly recorded in the patient's records. A requirement was made.

Number of requirements	1	Number of recommendations	0

4.4 Is care effective?

The majority of medicines were supplied in 28 day blister packs. The audit trails on most of these showed satisfactory outcomes. However, some could not be audited as detailed in Section 4.2. The outcomes of the audit trails performed on medicines which were not supplied in the 28 day packs indicated that a number of liquid medicines and one inhaled medicine had not been administered as prescribed. It could not be determined if some other medicines had been administered as prescribed. All medicines must be administered in strict accordance with the prescribers' instructions. A requirement was stated for a second time. The registered manager advised that a full liquid medicine audit would be completed on 2 June 2017.

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 or three monthly medicines were due. A separate chart for injectable medicines was maintained; this is best practice.

Most of the medicine records were well maintained and facilitated the audit process. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged. However, it was found that the incorrect code to denote non-administration of a medicine had been used and there were occasional missing signatures. Management advised that these issues had been identified and this was currently being addressed with staff.

A new system had been implemented regarding delegated tasks completed by care staff under the supervision of the registered nurses. Specific booklets were in place and included records of food and fluid intake. The folder also included a separate personal medication record and administration record for external preparations. For one patient, the records indicated that the prescribed skin care regime was not being adhered to and there was no evidence of any monitoring in relation to this delegated task. It was reiterated that medicines must be administered as prescribed. A care plan was in place for this patient. A recommendation was made.

The management of enteral feeding was reviewed. New fluid intake charts had been developed and implemented; however, improvement in their completion was found to be necessary. See also Section 4.2. For one patient there had been a recent change in the enteral feeding regime and total volume of daily fluid intake. The management of this change had not been implemented appropriately. The requirement previously made was stated for a second time. A requirement regarding medicine changes was made in Section 4.3.

Satisfactory arrangements were in place for the management of pain and distressed reactions. Assessment tools were in place to monitor pain. The administration of 'when required' pain relief or anxiolytic medicines were recorded on a separate sheet including the reason for and outcome of the administration. This is best practice. Care plans were maintained.

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. They provided details of when a medicine formulation had been changed to facilitate swallowing and compliance. At the inspection it was noted that one patient had been refusing medicines; this had been identified and a care review took place on the day of the inspection.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to the patient's healthcare needs.

Areas for improvement

The necessary arrangements must be made to ensure that all medicines are administered in strict accordance with the prescribers' instructions. A requirement was stated for a second time.

A system should be developed to ensure that the completion of records regarding external preparations is closely monitored. A recommendation was made.

The management of enteral feeding must be reviewed. A requirement was stated for a second time.

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.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity.

Following discussion with the staff, it was clear that they were familiar with the patients' needs, their likes and dislikes.

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.

As part of the inspection, questionnaires were issued to patients, their representatives and staff. No questionnaires were returned within the timescale or at the time of issuing this report.

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?

The inspection findings in relation to the domains of safe and effective care, evidence that the management of medicines must be reviewed in relation to governance.

Whilst it was acknowledged that there were a variety of systems in place to audit medicines management, and there was evidence of the action taken to address discrepancies, the findings of this inspection indicate that the audit process should be further developed, to ensure that it is covers all aspects of the management of medicines. A recommendation was made.

Written policies and procedures for the management of medicines were in place. These were readily available for staff reference and were currently being reviewed following the change in ownership of the organisation. Staff confirmed that they were aware of these and that any updates were highlighted as necessary.

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. They had been managed appropriately. In relation to the regional safeguarding procedures, staff confirmed that they were aware of what incidents may need to be reported to the safeguarding lead and safeguarding team.

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

Only one of the three requirements 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

The auditing process for medicines management should be reviewed. A recommendation was made.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Phillip McGowan, Registered 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 to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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:** 1 July 2017	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: Staff have had further medication traiing in medicine administration. Sessions have been held by the contracted pharmacist and available on line also. Audits will and have been completed weekly to audit the administration and signage of the MAR sheets A full audit cycle has been developed.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 14 June 2017	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: Individual fluid balance charts have been developed for each individual who has a PEG. Fluid totals have added to the chart and will be added to the daily records on completion
Requirement 3 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 1 July 2017	The registered provider must review the management of medicine changes to ensure robust arrangements are in place.
	Response by registered provider detailing the actions taken: Staff have received further training on medication processes. Any changes made to the Prescription is recorded on a change sheet and also documented on the MAR. This will form part of the audit cycle
Recommendations	
Recommendation 1 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 1 July 2017	The registered provider should implement a robust system to monitor the administration records regarding external preparations.
	Response by registered provider detailing the actions taken: This will form part of the monthly audit cycle

Recommendation 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 1 July 2017	The registered provider should review the current auditing processes to ensure these are robust and cover all aspects of medicines management.
	Response by registered provider detailing the actions taken: A full audit cycle has been developed within the management team to cover all aspects of medication managment

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews