Unannounced Medicines Management Inspection Report
2 June 2016

The Court Care Home

Type of Service: Nursing Home
Address: 1a Queens Avenue, Ballymoney, BT53 6DF
Tel No: 028 2766 6866
Inspector: Paul Nixon

1.0 Summary

An unannounced inspection of The Court Care Home took place on 2 June 2016 from 09.30 to 13.50.

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?

One requirement has been made regarding the management of thickening agents and one recommendation has been made regarding having systems in place to alert staff of the expiry dates of medicines.

Is care effective?

One requirement has been made regarding the investigation into the non-administration of one identified eye preparation and two recommendations have been made regarding the record keeping for eye preparations and the administration of liquid medicines.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Louise McIlwrath, 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.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 8 March 2016. The QIP will be validated by the estates inspector at their next inspection.

2.0 Service details

Registered organisation/registered provider: Four Seasons (No. 11) Limited/ Dr Maureen Claire Royston	**Registered manager:** Ms Louise McIlwrath
Person in charge of the home at the time of inspection: Ms Louise McIlwrath	**Date manager registered:** 3 April 2013
Categories of care: NH-DE, NH-I, NH-PH	**Number of registered places:** 45

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 four patients and two registered nurses.

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

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 announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last medicines management inspection dated 22 July 2014

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must investigate the incident where the registered nurse in the general nursing unit completed the medication administration record in advance for multiple medicines and must submit a written report of the outcome and action plan to RQIA.	**Met**
	Action taken as confirmed during the inspection: This incident and the investigation outcome were reported to RQIA on 30 July 2014.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must ensure that the medication administration record is accurately completed at all times.	**Met**
	Action taken as confirmed during the inspection: With the exception of one medicine, the medication administration records had been maintained in a satisfactory manner.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 37 **Stated:** First time	The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.	**Met**
	Action taken as confirmed during the inspection: The recording system in place for patients who were prescribed 'when required' anxiolytic and antipsychotic medicines included detailed care plans. The reason for and outcome of administration had mostly been 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 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 the registered nurses within the last year. Some care staff had also attended dysphagia training within the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

There were largely satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medicine administration records were updated by two registered nurses. This safe practice was acknowledged. However, for two patients prescribed a thickening agent, the prescribed fluid consistency recorded on the personal medication record, medicine administration record, care plan and speech and language therapist assessment report did not correlate. A requirement was made. Following discussion with staff, it was ascertained that the correct fluid consistency was being administered.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin and insulin.

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 manufacturers' instructions. Medicine storage areas were clean, tidy and well organised. Systems were not in place to alert staff of the expiry dates of medicines with a limited shelf life once opened, as evidenced by the fact that some insulin pens and eye preparations did not have the opening dates recorded; a recommendation was made. Medicine refrigerators and oxygen equipment were checked at regular intervals.

Areas for improvement

Robust arrangements must be in place for the management of records for patients prescribed thickening agents; records must be fully and accurately maintained. A requirement was made.

Systems should be in place to alert staff of the expiry dates of medicines with a limited shelf life. A recommendation 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. Several discrepancies were noted in liquid medicines. A recommendation was made.

The medicine administration record indicated that one patient had not been administered an eye preparation since 16 May 2016. A requirement was made.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly and three monthly medicines were due.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the parameters for administration were recorded on the personal medication record. A care plan was maintained. The reason for and outcome of administration had mostly been recorded. 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 advised that a pain assessment was completed as part of the admission process. A pain assessment tool was completed and updated as necessary. A care plan was maintained and it was evaluated on a monthly basis.

Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable.

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 mostly well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for insulin, non-regular injection administration, opioid transdermal patches and warfarin. For most eye-treatment medicines, the route of application was not recorded on the personal medication records or medicine administration records; a recommendation was made.

Practices for the management of medicines were audited throughout the month by the management and staff. This included running stock balances for most solid dosage medicines not contained in the monitored dosage system blister packs. In addition, a quarterly audit was completed by the community pharmacist. The dates and times of opening of the medicine containers were recorded in order to facilitate audit; this was acknowledged as good practice. As indicated above, close monitoring of the administration of liquid medicines should be undertaken.

Following discussion with the registered nurses and a review of care files, 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

The registered person must ensure that the non-administrations of one identified eye preparation are investigated and an explanation provided to RQIA in the Quality Improvement Plan response; a requirement was made.

The route of application of eye-preparations should be consistently recorded; a recommendation was made.

Close monitoring of the administration of liquid medicines should be undertaken; a recommendation was made.

Number of requirements:	1	Number of recommendations:	2

4.5 Is care compassionate?

The administration of medicines to several patients was observed during the inspection. Medicines were administered to patients in their room or in the dining room. The staff administering the medicines spoke to the patients in a kind and caring manner. Patients were given time to swallow each medicine. Extra time and attention was given to patients who had difficulty swallowing some of the medicines. Medicines were prepared immediately prior to their administration from the container in which they were dispensed.

The patients spoken to advised that they had no concerns in relation to the management of their medicines, and their requests for medicines prescribed on a “when required” basis was adhered to e.g. pain relief.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were knowledgeable of these policies and procedures and that any updates were highlighted to them by management.

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 internal audit records 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.

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 Louise McIlwrath, 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/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 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 DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

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 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:** First time **To be completed by:** 2 July 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 person detailing the actions taken: Supervision completed with the Nursing Staff. Competencies have been commenced with Care Staff. Further training has been requested Compliance will be monitored through audit
Requirement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 2 July 2016	The registered provider must ensure that the non-administrations of one identified eye preparation are investigated and an explanation provided to RQIA.
	Response by registered person detailing the actions taken: This has been investigated and details on separate document
Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 2 July 2016	The registered provider should ensure that systems are in place to alert staff of the expiry dates of medicines with a limited shelf life.
	Response by registered person detailing the actions taken: System review undertaken whereby all dates are checked when the monthly re-ordering is being completed. Will also be managed going forward as part of the Home Manager's monthly audit. New lists put in place in both units with clear guidelines on shelf life
Recommendation 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 2 July 2016	The registered provider should ensure that the route of application of eye-preparations is consistently recorded.
	Response by registered person detailing the actions taken: This has been addressed for existing entries and will be monitored going forward
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 2 July 2016	The registered provider should ensure that close monitoring of the administration of liquid medicines is undertaken.
	Response by registered person detailing the actions taken: Audits have been increased in respect of Liquid Medications. End of Bottle audits being completed. Daily expected tally being maintained.

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